

Strasburg Vision and Learning Center

Player Name: _____ Age: _____ Position(s): _____ School _____

PATIENT HISTORY *Do you now or have you ever had:*

- | | | | | |
|---|--|--|--|------------------------------------|
| <input type="checkbox"/> Double Vision | <input type="checkbox"/> Color Deficiency | <input type="checkbox"/> Retinal Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Learning Problems | <input type="checkbox"/> Eye Turn | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Amblyopia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Allergies | |

Are you currently taking **ANY** medications? Yes No

If yes, please list: _____

CASE HISTORY

- Have you ever been involved in a visual training program? Yes No
If yes, when and for what reason(s)? _____
If yes, do you feel it was successful? Yes No
- Do you wear glasses? Yes No
If yes, how old are they? _____ Are they satisfactory at present? Yes No
When are they used? Near Distance Far Distance Both
Are they used during sports? Yes No
If you do **not** wear glasses, have you ever had glasses in the past? Yes No
- Do you presently wear contact lenses? Yes No
If yes, do you wear them while competing? Yes No
List any problems with your present lenses _____
If you do **not** wear contact lenses, have you ever had contact lenses in the past? Yes No
- Do you ever see blur? Yes No
If yes, then where? Far Distance Near Distance How often? _____
Do you see blur while competing? Yes No Describe: _____
- Do you ever see double? Yes No
How often? _____ While competing? Yes No
Describe: _____
- Do you ever feel you have difficulty "keeping your eye" on a moving object? Yes No
If yes, cite examples and describe: _____
- Do you notice variations in your performance during a game? Yes No
If yes, describe: _____
- Do you notice variations in your performance over a period of time? Yes No
If yes, describe: _____
- Is performance consistent during critical competition situations? Yes No
If no, explain: _____
- Is your performance the same for night competition as for day competition? Yes No
If no, explain: _____
- Do you experience loss of concentration during events? Yes No
If yes, describe and give examples: _____
- Are you experiencing any visual difficulties? Yes No
If yes, please describe: _____
- Rate your feeling regarding the importance of vision in competition (1=not important 10=extremely important): _____

14. How do you feel vision is important in competition? _____

15. Do you use visualization/imagery techniques?

Yes No