

Pre-Assessment Questionnaire - Neuro-Optometric

DATE	
NAME & SURNAME	
REFERRED BY	

SENSORY & VESTIBULAR SENSITIVITY	Never	Sometimes	Frequent	OPTOMETRIST'S NOTES
Indoor light is bright & uncomfortable				
Excessive sensitivity to glare & reflections				
Discomfort when in a moving car				
Discomfort when scrolling on a phone or computer				
Discomfort looking at fast images on TV				
Symptoms of dizziness				
Symptoms of vertigo				
Nausea				
BODY & SPACIAL AWARENESS	Never	Sometimes	Frequent	
Numbness or tingling on body parts				
Poor posture				
Loss of balance				
Difficulty walking downstairs / uneven surfaces				
Drifting to one side when walking				
Frequently bumping into door frames				
Grasping objects incorrectly				
Knocking things over				
Discomfort in crowds / visually busy places				
Difficulty locating objects in a clutter				
Restricted field of vision				
Tripping over low obstacles				
Anxious in unfamiliar environments				
READING DIFFICULTIES	Never	Sometimes	Frequent	
Losing place easily				
Words move or shimmer				
Miss words from one side of the page				
Frequent tiring of eyes when reading				
Comprehension difficulties				
Nausea				
General	Never	Sometimes	Frequent	
Difficulty with multitasking				
Difficulty maintaining concentration				
Frequently anxious / overwhelmed				

REPORT

<i>Please indicate with a ✓ if you require a report upon completion of the vision assessment.</i>		
No report required	<input type="checkbox"/>	E-mail
Summary Report	<input type="checkbox"/>	
Comprehensive Report*	<input type="checkbox"/>	

Please note: Comprehensive reports are charged at R250.00 and can take up to 2 weeks to complete.