



# My Vision Assessment

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

*You have been assessed by the Orthoptist .....*

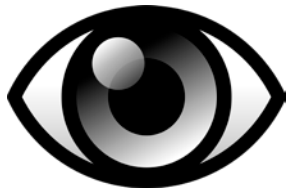
*on .....*

If you would like any more information please contact us on

**01925 662772**

*We encourage you to share the information contained with your  
family, friends, carers and health professionals.*

## Vision



### Right Eye

- Normal Limits
- Slightly Reduced
- Reduced
- Poor



### Left Eye

- Normal Limits
- Slightly Reduced
- Reduced
- Poor

### Visual Field:

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### Visual Inattention:

- None
- Right Inattention
- Left Inattention

### Eye Movements:

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**Any other eye problems / comments:**

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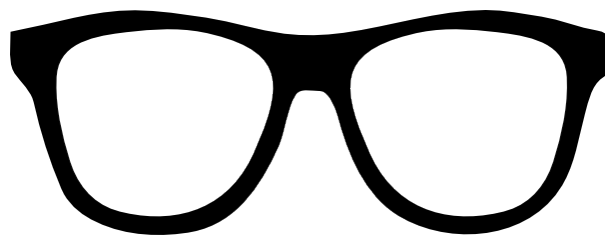
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**Glasses**



- Type of Glasses Worn:**
- Distance
  - Readers
  - Varifocals
  - Bifocals

**Glasses should be worn when:**

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## How can my family, friends and carers help me?

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## What will happen next?

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# My Vision Assessment

Our patient information reference: pinfo 2012\_05\_07

Ratified: Jan 2019 (v3)

Review date: Jan 2021

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[www.whh.nhs.uk](http://www.whh.nhs.uk)