



Sports Vision Training

255 W. 36th Street, Suite 150, Jasper, IN
Phone 812-482-1411 Fax 812-482-1422

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

Address: _____ DOB: _____ Phone: _____

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

Please explain yes/no answers as needed:

- | | |
|---|----------------|
| 1. Have you ever been involved in a visual training program? | Yes / No _____ |
| 2. Do you wear glasses / contacts? | Yes / No _____ |
| 3. Is your vision ever blurred? | Yes / No _____ |
| 4. Do you ever see double? | Yes / No _____ |
| 5. Do you ever feel you have difficulty "keeping your eye" on a moving object? | Yes / No _____ |
| 6. Do you notice variations in your performance during a game? | Yes / No _____ |
| 7. Do you notice variations in your performance over a period of time? | Yes / No _____ |
| 8. Is performance consistent during critical competition situations? | Yes / No _____ |
| 9. Is your performance the same for night competition as for day competition? | Yes / No _____ |
| 10. Do you experience loss of concentration during events? | Yes / No _____ |
| 11. Are you experiencing any visual difficulties? | Yes / No _____ |
| 12. Do you use visualization / imagery techniques? | Yes / No _____ |
| 13. Rate your feeling regarding the importance of vision in competition (1=not important, 10=extremely important) | _____ |

Date Completed: _____