

Stroke Assessment

Name

Insert Patient Label

D.O.B

ID Number

Patient's ocular symptoms:

Family concerns:

Previous ocular history:

Glasses: Usually worn? Y / N Needed? Y / N

Hypermetropic/Myopic/Astigmatism

Last opticians visit?months/years

Varifocal/Bifocal/Distance/Readers

Driver: Never / Gave up prior to stroke / Given up since stroke / Yes

Distance visual acuity: Right

Left

Test

Near visual acuity: Right

Left

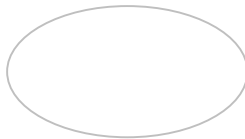
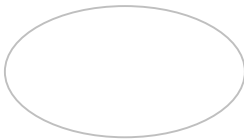
Test

Reading:

Cover test/Ocular alignment:

Near:
Distance:

Eye movements:



Smooth pursuits:

Saccades:

Convergence:

Nystagmus:

Lids:

Pupils:

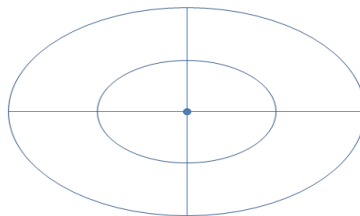
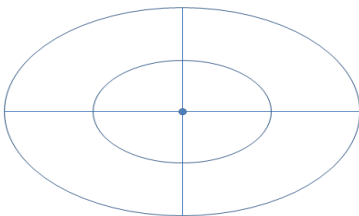
Binocular vision:

Prism cover test:

Visual field assessment: Confrontation / Static / Kinetic visual field assessment

Uniocular / Binocular

Normal/Abnormal



Visual inattention: (Line bisection, Clock drawing, Cancellation task, Room description)

Visual perception:

Diagnosis:

Advice/Management given:

Visual field loss

- BIOS information leaflet – Visual field
- Scanning exercises
- Online training – ReadRight and/or EyeSearch
- Typoscope
- Vertical reading
- Driving advice
- Referral to ECLO/CVI
- Peli prisms
- BIOS Information leaflet – Apps

Ocular motility

- Prisms
- Occlusion
- Vergence exercises
- Duction exercises
- Botulinum Toxin
- EOM Surgery

Reduced central vision

- Typoscope
- Low visual aids
- Referral to Ophthalmologist
- Referral to ECLO

Visual perception

- BIOS information leaflet – Charles Bonnet
- Typoscope
- Reassurance
- Coloured overlay

Visual inattention

- BIOS information leaflet – Visual inattention
- Scanning exercises
- Online training – ReadRight and/or EyeSearch
- Typoscope

Other:

Review: Weeks/Months

Signed: Date: