PRI Vision, LLC
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Self Assessment Form For PRI Vision Clinic

Name: ____________________________ Email: _______________________

DOB: _____________________________ Phone: _______________________

Referral Source (self, physician, dentist, etc.): _______________________________________

Permission for PRI Vision to directly contact patient: Y N

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1. Please fax your last <u>three</u> eye exam records (the <u>complete</u> exam records including eye health, not just the refraction) to us. Your most recent eye exam must be within the last 18 months.

2. Chief complaints and reasoning behind your need to come to PRI Vision Clinic. Examples: Headaches, dizziness, vertigo, back pain, etc.

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3. Medical History: Have you suffered from any of the following:

   a. Head/Brain injury? Y N
   b. Whiplash injuries? Y N
   c. Concussions (diagnosed or undiagnosed)? Y N
   d. Lost consciousness? Y N

   If yes to any of the above, please briefly describe what kind of injury and when.

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4. Dental – TMJ History

   a. Are you presently wearing a mouthpiece? Y N
   b. Do you have OR have you had braces? Y N
   c. Do you have clicking, popping or jaw opening limitations? Y N

d. Do you clench or grind? Y N
e. Do you have jaw or facial pain? Y N

5. Please summarize issues that you possibly have had with your eyes. Example: Pain behind eyes, lasik surgery, blurry vision, etc.

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6. Without rotating or moving your body, can you turn your head to each direction? Y N
Do you feel limitations to either direction? Y N
If yes, which direction? ______________________

7. What is your occupation?____

8. How many hours per day are you in front of a computer? __________________

9. Please circle what you put over or on your eyes (please circle all that apply):

a. Nothing
b. Contacts
c. Glasses
d. Sunglasses
e. Bifocals: Lined No line/Progressive

10. Hand Dominance (please circle one): Right-handed Left-handed

10. Are you seeing a physical/occupational therapist? Y N
If yes, who? ________________________________

11. Is there anything else significant about your physical or health history we need to be aware of?

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