

Name	Date	Who referred you:
<b>Describe in detail your underlying injury, neurologic issue, or problem:</b>		

**Please mark any symptoms you are having**

Headache
Dizziness/balance
Reading
Other

**Please mark any VISION problems you are having**

Blurred vision	
Double vision	
Pain	
Other	
Loss of vision	
Light sensitivity	Redness
Burn/irritation	Discharge
Flashes of light	Spots in vision

**Please list all medications you are taking, what for and the dosage**


**Please mark any medical conditions you or a family member has**

High blood pressure: myself _____ family _____	Diabetes: myself _____ family _____
Heart disease: myself _____ family _____	High cholesterol: myself _____ family _____
Hyper/hypo thyroid: myself _____ family _____	Bleeding disorder: myself _____ family _____
Migraine: myself _____ family _____	Smoke: myself _____ family _____
Other:	

**Please list all doctors you are seeing for your condition and their phone number**
