

My vision assessment

Orthoptic stroke service

Hospital sticker

Name:

Date of vision assessment:

Assessed by:

Glasses

Type of glasses worn:

- Reading glasses
- Distance glasses
- Bifocals
- Varifocals

Vision assessment

Vision	Left eye	Right eye
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Slightly reduced	<input type="checkbox"/>	<input type="checkbox"/>
Reduced	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Visual field	Left eye	Right eye
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Reduced	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Visual inattention
<input type="checkbox"/> None
<input type="checkbox"/> Right inattention
<input type="checkbox"/> Left inattention

Additional information:

Eye movements	Left eye	Right eye
Normal	<input type="checkbox"/>	<input type="checkbox"/>
Reduced	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Other eye problems

How can my family, friends and/or carers help me?

What happens next?

Contact us

If you have any questions or concerns about your vision or vision assessment, please contact us.

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Southampton General Hospital
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Southampton
Hampshire
SO16 6YD

Telephone: **023 8120 4789** (Monday to Friday, 8am to 4pm)

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