



ORDER FOR EVALUATION

OPTOMETRISTS:
MEGAN SUMRALL LOTT, OD, FCOVD
W.C. MAPLES, OD, FAAO, FCOVD

Referring Practitioner: _____ Referring Location: _____
Patient Name: _____ Parent/Guardian: _____
Address: _____ Cell Phone: _____
_____ Home Phone: _____
DOB: _____ Email: _____

DIAGNOSIS

- Post Concussive / Brain Injury
- Convergence Insufficiency
- Diplopia
- Oculomotor Dysfunction
- Accommodative Dysfunction
- Visual Field Loss
- Visual-Motor Dysfunction
- Developmental Delays
- Amblyopia
- Strabismus
- Autism
- ADD/ADHD/Dyslexia

SYMPTOMS

- Double Vision
- Transient Blur
- Headaches
- Motion Sickness
- Dizziness
- Vision Fatigue
- Letter Reversals
- Poor Concentration
- Slow Reading Speed
- Poor Reading Comprehension
- Poor Visual Memory
- Poor Visual Processing
- Poor Handwriting
- Poor Eye-Hand Coordination
- Light Sensitivity
- Visual Spatial Confusion

ADDITIONAL NOTES

PLEASE SEND A COPY OF THE MOST RECENT EXAMINATION