

Screening for Visual Defects following Stroke

Patient Details (attach label):

Ward:

Date of stroke:

Type & site of stroke/scan results:

General Assessment Guidelines:

- Patients should wear their appropriate glasses/lenses for these tasks
- Ensure good lighting
- Is the patient alert & responsive enough to participate?
- Patients should be positioned with the appropriate support, with their head vertically erect if possible.

Visual history:

Do they normally wear glasses? Y/N What for?

Do they have any know pre-existing eye conditions, eg cataract, glaucoma, age related macular degeneration? Please give details

Patient's perceived visual problems since stroke:

Double vision ☐ Visual field loss or inattention ☐ Reading difficulties ☐
Blurred vision ☐ A "change in their vision" ☐ Other ☐ Comment:

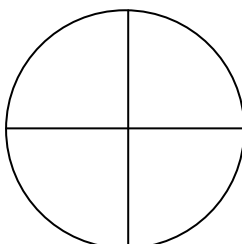
Does the patient have:

An obvious squint (eyes not straight) ☐ Nystagmus (eyes shaking) ☐
Closure of one eye ☐ An abnormal head posture ☐

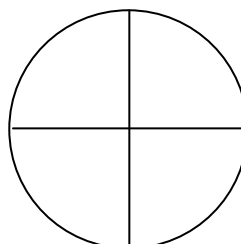
Visual Fields:

Test each eye separately and record results below:

Right Eye



Left Eye

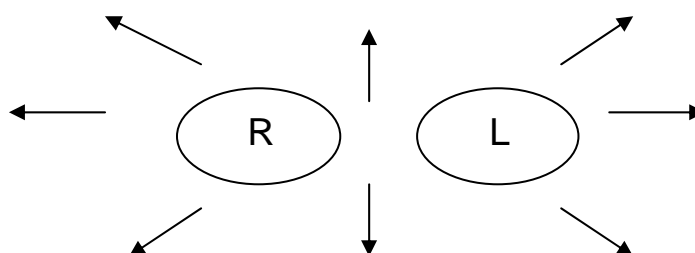


Signs of inattention / neglect:

Yes / No

Comments:

Ocular Movements: with the patient's head kept still, starting from the centre move a target (preferably a light) slowly into each of the eight positions shown – moving back to the centre each time.



- Are they able to smoothly move their eyes in all directions? Y/N
- Are there any problems with speed, co-ordination or range of eye movement? Y/N
- Does the patient report double vision in any position? Y/N

Referral to Orthoptics Y/N

Expected date of discharge (if in-patient):

Details of any transport required for an out-patient attendance:

Any further comments:

Signed:

Date:

Print name:

Designation:

Please ensure patient's glasses are sent with them to their orthoptic appointment.