Binocular Vision Test

PATIENT INFORMATION

Patient Name: _____ Age: _____

Date: _____ dd / mm / yyyy

TEST FINDINGS

Cover Test

At Distance (20 ft / 6 m):

Near (13 in / 33 cm):

Fusion Test

Worth 4-Dot Test (Distance):

Worth 4-Dot Test (Near):

Stereopsis Test

Seconds of arc:

Convergence

Near Point of Convergence (indicate in / cm):

Jump Convergence (prism diopters):

Ocular Motility

Smooth Pursuits:

Saccades:

Phoria Measurement

Horizontal Phoria (Distance):

Horizontal Phoria (Near):

Vertical Phoria (Distance):

Vertical Phoria (Near):

Accommodation

Amplitude of Accommodation (Diopters):

Accommodative Facility (cycles/minute):

ADDITIONAL NOTES

Specify below:

HEALTHCARE PROFESSIONAL'S INFORMATION

Name: _____ License: _____

Phone Number: _____ Email: _____

Name of Practice: _____