PLVP CVI-CLEAR Exam Sheet

DILATION READY AT: _____

Name:	**DOB:**	**APPT DATE:**	**APPT TIME:**	**CLINIC LOCATION:**

Primary Diagnosis Causing VI:	☐	CVI Specific History	☐	PreViAS
	☐	Neuroimaging	☐	11 Questions
Other Vision Diagnoses:	☐	Literacy Evaluation	☐	5 Questions
	☐	O&M Screen	☐	VF Inventory
Systemic Diagnosis:	☐	TEACH TVI ☐ 1 ☐ 2 ☐ 3	☐	MEVU
	Referring MD / OD / Other:			

☐ **Binocular TAC:** 20/_____ _____cm _____CPD ☐ **Lea Grating Paddles (CPCM):** ☐0.25 ☐0.5 ☐1.0 ☐2.0 ☐4.0 ☐8.0

☐ **Detection Acuity:** Small Balls: ☐ 1mm ☐ 2mm ☐ 2.5mm ☐ 6.35mm ☐ **Reflex Vision**
☐ **Direct Va Signs:** ☐ Object localization ☐ Head or Limb movement toward object ☐ Eye movement toward object (pursuit/saccade)
☐ **Indirect Va Signs:** ☐ Posture alteration ☐ Change in breathing ☐ Avoidance ☐ Smiling (or other change in expression

Va cc / sc ☐ Letters ☐ LEA ☐ Numbers ☐Crowded ☐Single Rx OD _____ OS _____Add_____

D OD _____ **N OU** 20/_____ (____M) Date of Refraction: _____☐Manifest ☐Cycloplegic
Standard 16"/40cm

D OS _____ **N OU** 20/_____ at ____ cm (____M) OD _____ OS _____

D OU cc _____ / **sc** _____ **N OU sc** _____ **Va OU without AHP** (if nystagmus present)_____

Stereo: +/- Fly __ /3 A ___ /9 C **Randot E Screen:** ☐ Yes ☐ No

Pupils: ☐RRL ☐No APD ☐ APD OD/OS

Pachymetry: OD _____ **OS** _____

IOP: OD _____ OS _____ ☐ iCare ☐ Applanation ☐ TonoPen

Notes: _____

Color: **OU** _____**OD** _____**OS**_____ ☐ HRR/AO ☐ D-16

Notes: _____

Contrast Test: ☐Pelli-Robson ☐Heidi ☐Lea ☐ Number ☐Berkeley

Contrast Results: % Contrast: _____ # lines: _____ @____ cm

Dark Adaptation: Sorting: Yes☐ No☐ **/** Dim Light Sort: Yes☐ No☐

Motility: **@ Distance:**

_____ _____ _____
_____ _____ _____
_____ _____ _____

Nystagmus: ☐ Present ☐ Absent ☐ Latent

Abnormal Head Position: _____

Pend/Jerk/R/L: _____ **Amplitude/Frequency**: _____

@ Near:

Primary/Reading/Bifocal: _____

Convergence: _____

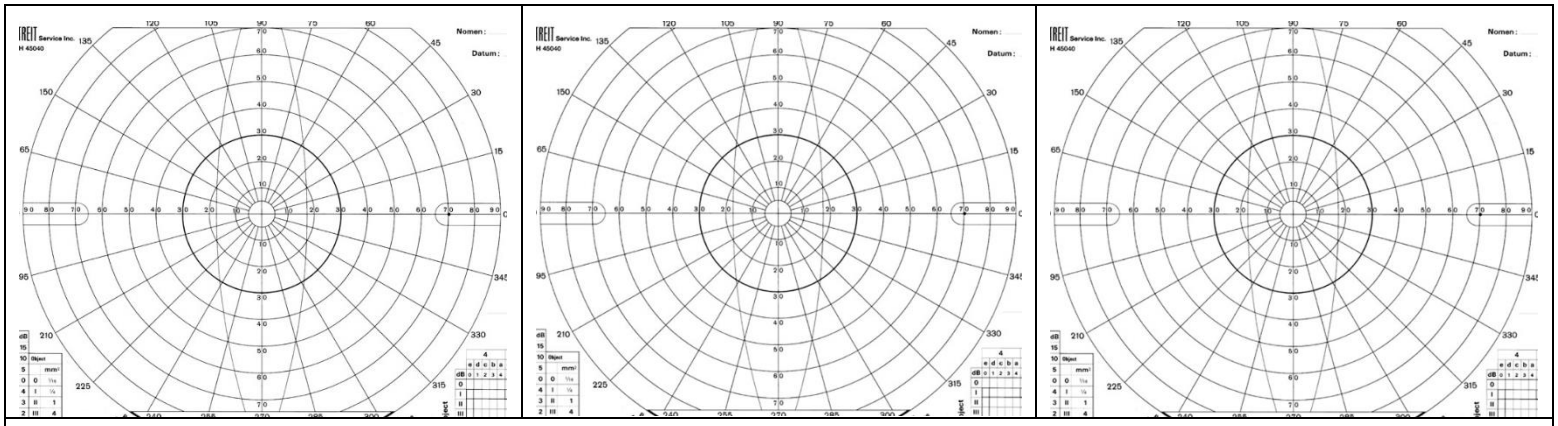
Accommodation: _____

Saccade Latency: _____

Saccade Amplitude: _____

Pursuit: ☐ Present ☐ Absent

Visual Field: Left eye **OS** Right eye **OD** Both eyes **OU**



	Above	Above Right	Right	Below Right	Below	Below Left	Left	Above Left
OD								
OS								
OU								

☐ Kinetic Arc Perimetry (stimulus size_____cm)
☐ Confrontation Visual Field (stimulus_____)
☐ Damato Campimeter (stimulus_____)
☐ Goldmann
☐ HVF

EXAM	Normal			OD	Abnormality	OS
	OD	OS	OU			
External : Orbit / Lids:						
Anterior Segment:						
Optic nerve: **Retina:** Fovea/ Periphery/Vessels						

TESTING:	
Optokinetic nystagmus:	**R to L** ☐ Present ☐ Absent **L to R** ☐ Present ☐ Absent ☐ N/A
Visual Observation	**Curiosity** ☐ Yes ☐ No **Fixation** ☐ Brief ☐ Sustained > 3 sec ☐ Absent **Search** ☐ Yes ☐ No
Vision and Movement	**Dyskinetopsia/Akenotopsia** ☐ Can see objects in motion ☐ Can't see objects in motion
Object Recognition:	☐ Present ☐ Absent Comments:
Lea Puzzle:	☐ **Color** ☐yes ☐no ☐ **Black & White** ☐yes ☐no ☐ **2D symbol** concept ☐yes ☐no
Facial Recognition:	☐ Present ☐ Absent Test used: ☐ parent report ☐9-gaze ☐NEPSY II
Facial Expressions:	☐ Present ☐ Absent Test used: ☐parent report ☐ Lea expresssions:
Optic ataxia:	**Upper limbs** ☐ Accurate ☐ Inaccurate **Lower limbs** ☐ Accurate ☐ Inaccurate **Test used**: ☐ parent report ☐ light toys ☐ Vision Coach ☐ Other_____
Spatial perception	☐ Present ☐ Absent Test used: ☐Lea Rectangles
Spatial orientation	**Horizontal** ☐yes ☐no **Vertical** ☐yes ☐no **Oblique** ☐yes ☐no Comments: ☐Concept of direction _____ ☐Line Orientation _____
Simultanagnosia:	☐ Able to see more than 1 object ☐ Unable to see more than 1 object Test used::
Hemispatial Neglect:	☐ Present ☐ Absent ☐ N/A Test used:
CVIT 3-6:	☐ Recommended ☐ Completed Comments:
CVI Range:	☐ Recommended ☐ Completed Comments:
Beery VMI Test:	☐ Recommended ☐ Completed Comments:
Eye Tracking:	☐ Recommended ☐ Completed Comments:
Austin Assessment	☐ Recommended ☐ Completed Comments:
Other Observations:	

RECOMMENDATIONS:			
DEVICES: Power/brand/comment on performance	1.	☐ Recommend	☐Dispensed
	2.	☐ Recommend	☐Dispensed
TECHNOLOGY:	☐		
MEDICAL:	☐		

REFERRALS:	☐Space Camp ☐Adaptive Sports	☐Bioptic ☐CVI	☐KSB ☐OSSB	☐CABVI ☐VIPS
SPECIALTY CARE:	☐Neurology ☐Neurosurgery	☐Orthopedics ☐OT	☐PT ☐DDBP	☐Neuropsychology ☐Mental Health
TESTING:	☐Goldman Visual Field ☐HVF	☐Neuroimaging ☐ERG	☐OCT ☐Contact Lens	☐Other

Signed/Date: