



Thomas H. Murphy, O.D.

Computer Vision Exam (VDT)

Patient Name _____

DOB _____

Today's Date _____

Please take a moment to complete this questionnaire.

Your doctor will then be more familiar with your work environment and better able to determine if you are at risk of developing Computer Vision Syndrome, or if you'll need special computer glasses.

General Information

- Time spent at computer monitor: _____ hours per day.
- Work is performed while: (Please describe)
Sitting _____
Other _____
- Lighting in work area: (Please describe, including type of lighting)

- Are you experiencing any of the following symptoms while at your computer monitor?
Check where appropriate
Headaches
Sore or tired eyes (eye strain)
Blurred near vision
Glare (light) sensitivity
Blurred distant vision
Dry or watery eyes
Slowness in focusing
Burning, itching or red eyes
(distant to near and back)
Back pain
Neck and shoulder pain
Double vision
- Do you wear glasses while working at the computer?
Yes No (If yes, please bring them with you to your eye exam)
- Do you wear contact lenses while working at the computer?
Yes No
(If yes, please wear them for your eye exam)

- Do you view reference material while working at the computer? Yes No
(If yes, what percentage of time? _____)

In order for your VSP doctor to accurately assess your computer vision needs and possible appropriate eyewear, the following information must also be completed.

Distances/Direction

- Viewing distance (eye to computer screen) is _____ inches or _____ cm
- Viewing distance (eye to keyboard) is _____ inches or _____ cm
- Viewing distance (eye to reference material) is _____ inches or _____ cm
- The center of the computer screen is:
 above eye level
 at eye level
 Below eye level
If above or below, by how many?
_____ inches or _____ cm
- Reference material is:
 above eye level
 at eye level
 Below eye level
If above or below, by how many?
_____ inches or _____ cm

Computer Vision Exam – To be completed by Doctor

Refraction at Computer		Binocular Function (2/3)		Accommodative Function (2/3)	
OD	20/	NPC	_____	Accom Facility	_____
OS	20/	CT at WD	_____	Amplitude of Accommodation	_____
Add	20/	Fusion Response		NRA/PRA	
Assessment / Diagnosis		Plan / Treatment			
<input type="checkbox"/> Accom. Paresis 367.51	<input type="checkbox"/> Esophoria 378.41	<input type="checkbox"/> VDT Rx as above	<input type="checkbox"/> Vision Therapy		
<input type="checkbox"/> Accom. Spasm 367.53	<input type="checkbox"/> Exophoria 378.42	<input type="checkbox"/> Dry Eye Tx	<input type="checkbox"/> Occupational Lenses recommended		
<input type="checkbox"/> Astigmatism 367.20	<input type="checkbox"/> Hyperopia 367.0	AT QID prn	<input type="checkbox"/> Disp. information on ergonomic w/s		
<input type="checkbox"/> Conv Excess 378.84	<input type="checkbox"/> Hyperphoria 378.43	Punctal Plugs	<input type="checkbox"/> AR Coat		
<input type="checkbox"/> Conv. Insuf. 378.83	<input type="checkbox"/> Presbyopia 367.4	Rx for meds	<input type="checkbox"/> Visual Breaks Recommended		
<input type="checkbox"/> Divergence Anomaly 378.85					

_____, O.D.