

# Binocular Vision Test

Patient Information
Patient Name:
Age:
Date:
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**

**Healthcare Professional's Information**

Name:

License:

Phone Number:

Email:

Name of Practice: