

# Depth Perception Test

## Patient Information

Name:

Age:

Gender:

Date:

Occupation:

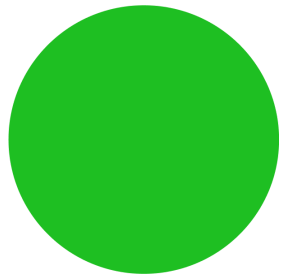
## Reason for Consultation

## Initial Depth Perception Testing

1. Ask the patient to hold up their index finger midway between their eyes and the circle printed on paper.
2. Instruct the patient to focus on the circle. Ask them what they see. What does their finger look like?
3. Now, instruct the patient to focus on their finger. Ask them what they see. What does the circle look like?

## Remarks

- One finger is easier to see than the other
- One finger is larger than the other
- Fingers appear and disappear
- One finger drifts directly over the circle, while the other finger is far to the left or right
- Patient only sees just one finger



**Standardized Test Results**

<b>Test</b>	<b>Score/Remarks</b>
Random Dot Stereogram	
Titmus Fly Test	
Frisby Test	
Howard-Dolman Apparatus Test	
Graded Circle Test	