**Visual Field Testing**

**File No:** ____________  **Date:** ______________

**Instructions:** 
Now I’d like you to cover one eye with the palm of your hand/occluder, and with the other eye – look at my nose and *keep looking at my nose at all times.* 
When you see my fingers come into your field of view, tell me whether you see 1 or 2 fingers.

**Documentation:** 
Please shade regions of impaired vision for each eye (from the patient’s point of view). Example, Left Hemianopsia would be indicated by shading on the left side of each grid below.

![Diagram of left and right eyes with grid](image)

Circle, if appropriate:

Full Fields    Hemianopsia    Quadranopsia    L / R    Upper / Lower

If none of the above, or test was otherwise problematic/compromised, please note below:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Color Vision Deficit:** 

*Self report:* Yes    No  
*Test result:* Yes    No

**Comments:**

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