

# Ask a Syntonist Request Form

Welcome to the Ask a Syntonist Forum. In order to receive feedback from our contributors please include the following information and submit at least a week prior to our scheduled call. This form is designed to help guide you and your peers towards becoming better clinicians and will provide our contributors with helpful information so that we can better assist you. Please include any relevant data and **be sure to remove patient identification from any records submitted**. Thank you for your cooperation and we look forward to working with you.

**When did you last attend a 101 or 201 course?**

Within 1 year

Less than 5 years

More than 5 years

What are you seeking help with and why?

What have you tried?

What changes have been occurring as a result?

**Please attach Visual Color Fields from Baseline to Present**

Is there anything else you'd like us to know/would like us to cover in future courses?

Patient Info					AGE:		SEX:	
<b>Presenting Complaints (Please circle all that apply)</b>								
Headaches    Poor Reading Comprehension    Reading Problems    Light Sensitivity/Glare Brain Fog    Eye Strain    Short Attention Span    OTHER (PLEASE LIST) Clumsy    Bumps into things    Unaware of Surrounds    _____							<b>Alpha Omega Pupil (circle one)</b>	
Is this pt currently undergoing Syntonic Therapy?    Yes    No    _____							No    Mild Moderate    Severe	
Total # of Sessions _____    Length of Sessions _____							No    Mild Moderate    Severe	
Filters being used / Duration _____								
Outcome _____								
Background Data								
<b>Does this patient have any of the of the following conditions? (Please circle)</b>  Amblyopia    Headaches    Tunnel Vision Other _____  Eye Condition _____  TBI (Please circle) Less than 6 mo    6mo-1year    >1year Severity: Mild    Moderate    Severe  Location of TBI _____			VA Far	VA Near	Refraction	Notes		
		OD	20/	20/				
		OS	20/	20/				
		<b>Status of Eye Health</b>  <b>Comments</b>						
Previous and Current Therapies					Therapy Outcomes			
Previous Therapies					Results			
Current Therapies					Results			
Other Contributing Factors								
Medications					Has the pt been diagnosed with any of the following? Anxiety    Bi-Polar    Depression    Emotional Stress Autism    ADD    ADHD    Learning Difficulties  Other			
Please Attach Visual Fields from Baseline to Present								