

## Vision Exam Guide for Families

Please complete form

Child's: Last name	First Name	Age
Doctor's Name:		Date of Exam:
Clinic Name / Hospital:		

<p><b>Reason for making the appointment</b></p> <p><input type="checkbox"/> Noticed vision problems</p> <p><input type="checkbox"/> Regularly scheduled appointment</p> <p><input type="checkbox"/> Referral / Physician suggestion</p> <p><input type="checkbox"/> Other: _____</p> <p><small>Example: Teacher suggestion, Parent request</small></p>
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**Family history of eye problems (especially at a young age):**

**Medications that the child is currently taking:**

**Other medical conditions that your child has been diagnosed with:**

**Questions that you want to be sure are answered at this appointment (you may want to record any behaviours that you want the doctor to know):**

<p><b>Does my child have a visual disorder? If so, what kind?</b></p> <p><input type="checkbox"/> Improve</p> <p><input type="checkbox"/> Remain the same</p> <p><input type="checkbox"/> Deteriorate</p>
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**Do you have more information about it or recommendations of where we can get more information?**

<b>Which eye is affected?</b>	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Both
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<b>Visual Acuity:</b>			
Right Eye (OD)	Distance _____	Near _____	
Left Eye (OS)	Distance _____	Near _____	
Both Eyes (OU)	Distance _____	Near _____	

**Are there any field of vision restrictions? Please describe:**

**Is there a diagnosis of Cortical / Cerebral Visual Impairment? (CVI)**

**Are restrictions recommended in the child's activities?**

<b>Treatment:</b>
<ul style="list-style-type: none"><li>› Glasses/Contact Lenses – will they help? If so, how? If they won't help, why not?</li><li>› Are the glasses for distance vision?</li><li>› Are the glasses for near vision?</li><li>› Should the glasses be worn all the time?</li><li>› Or certain times of the day?</li><li>› Are sunglasses needed?</li></ul>

**Should the family / school team be aware of any possible signs that could be serious (eye poking, head banging, etc.)?**