# Adult Vision Screening Registration Form

|  |
| --- |
| Date: |
| Registration Number: |
| Screener Site: |

### Personal Information

Male Female Age

Name (last) First Home Phone Work Phone Email Address

Address Apt. # City State Zip

#### o C heck if you wear glasses/contacts.

Do you have them with you? o Yes o No

Do you wear them for (check one): o Distance vision o Close-up vision o Both

#### o C heck if you have a vision problem or eye disease.

If so, please describe below:

#### Ethnicity

o A frican-American or black

o Asian

o Caucasian

o Hispanic/Latino

o M exican American/ Chicano

o Multi-Ethnic

o N ative American or Alaskan Native

o N ative Hawaiian or Pacific Islander

o Other

### Risk Assessment

Y N **Statement on Screening**

Do you have blood relatives with glaucoma? o o Has a doctor treated you for or said you have glaucoma? o o Have you ever had an eye injury or eye surgery? o o Have you noticed a change in vision in the last 12 months? o o Do you have a persistent pain in or around the eye? o o Are you black, Hispanic or Latino, and age 40 or older? o o Are you age 60 or older? o o

Was your last dilated exam more than two years ago? o o

Do you have diabetes? o o

If yes, was your last dilated eye exam more than one year ago? o o

**Distance Visual Acuity Screening**

Today’s adult vision screening can help determine if you see as well as you should. Keep in mind, however, that many underlying factors may affect

the screening results. Also a vision screening does not test for

all eye disorders.

A vision screening is not a substitute for a professional examination by an eye care professional. If you suspect that you are having any vision problems,

you should immediately arrange

for a professional eye examination, regardless of today’s screening results.

**I hereby authorize the disclosure**

Right eye: 20/

Left eye: 20/

o U nable to screen

**of health information, related to**

o C ontacts worn o D istance glasses worn Screener:

### Near Visual Acuity Screening

##### the results of this screening and subsequent eye exams, to

**be shared with Prevent Blindness for purposes related to follow up and**

Right eye: 20/

Left eye: 20/

o U nable to screen

##### statistical analysis.

o C ontacts worn o R eading glasses worn Screener: Near lens (if required) o+1 o+2 o+3 o+4 o+5

### Visual Fields Screening (Optional)

Usted tambien da permiso para que está información sea usada para darle tratamiento a su condicion y tambien para analisis estadistico por Prevent

o F DT

o N one missed, or o 1 or more missed

o Unable to screen Screener:

Blindness.

**Notes/Other Tests (optional)**

Sign above/Firme aqui

Signature:

### Exit Interview

o R efer/Mande al doctor

o Risk factors/Cosas de Riesgo o Visual Acuity/Agudeza Visual o Visual Fields/Zonas de Visión

o Pass/Aprobado Screener:

211 West Wacker Drive Suite 1700

Chicago, Illinois 60606

800.331.2020

PreventBlindness.org

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White-screening record, Yellow-screening record, Pink-subject’s record

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Do you have diabetes? o o

If yes, was your last dilated eye exam more than one year ago? o o

**Distance Visual Acuity Screening**

o See doctor regularly/Vaya al doctor regularmente o See doctor regularly/Vaya al doctor regularmente o See doctor regularly/Vaya al doctor regularmente o See doctor soon/Vaya al doctor pronto

o See doctor now/Vaya al doctor ahora

o See doctor regularly/Vaya al doctor regularmente

o See doctor 1-2 years/Vaya al doctor 1-2 anos

o See doctor regularly/Vaya al doctor regularmente

o See doctor annually/Vaya al doctor anualmente

o See doctor soon/Vaya al doctor pronto

###### 20/50 or worse in either eye

Right eye: 20/

Left eye: 20/

o U nable to screen

###### 20/50 o peor en uno o el otro ojo

o C ontacts worn o D istance glasses worn Screener:

### Near Visual Acuity Screening

o See doctor soon/Vaya al doctor pronto

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Left eye: 20/

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### Visual Fields Screening (Optional)

o See doctor soon/Vaya al doctor pronto

###### One or more missed stimuli, or suspect

o F DT

o N one missed, or o 1 or more missed

o Unable to screen

Screener:

###### Uno o más estímulo no visto, o sospechoso

o See doctor soon/Vaya al doctor pronto

### Notes/Other Tests (optional)

Signature:

### Exit Interview

Signature to Statement on Screening

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Chicago, Illinois 60606

800.331.2020

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**Our Recommendations: What They Mean**

#### NOW

It is important that you see your eye doctor **as soon as possible for a complete (dilated) eye exam.** Some of the screening procedures

indicate signs of glaucoma. The procedures were screening tests, not a medical exam. Only an eye doctor can tell you if you have an eye disease; he or she is qualified to perform medical tests to diagnose eye disease. In addition, an eye doctor can treat disease to prevent further damage or vision

loss. Please don’t wait: **go now!** Take the

***Eye Care Professional’s Report*** with you and ask the doctor to fill it out and mail it to us. Remember, go see your eye doctor right now!

#### SOON

We recommend that you see your eye doctor in the near future for a complete eye exam.

**ANNUALLY**

We recommend that you see your eye doctor once each year for a complete eye exam.

**REGULARLY**

Your eye doctor will suggest periodic visits based on a complete eye exam.

**Recomendaciones: Qué quiren decir**

**AHORA**

Es importante que usted vaya a un doctor de los ojos lo más pronto posible para una examinación con los ojos dilatados. Algunas de los procedimientos indican la posibilidad de glaucoma. Los procedimientos eran pruebas, NO una examinación médica.

Solamente un doctir puede decir si usted tiene una enfermedad de los ojos. El o ella puede hacer examinaciones médicas para diagnosticar las enfermedades de los ojos. También, un doctor de los ojos puede curar la

enfernedad e impedir más daño o pérdida de visión. **Por favor, no espere. Vaya ahora!** Lleve el informe del Profesional de los Ojos ***(Eye Care Professional’s Report)*** con usted,

y pida que el doctor lo complete y nos lo devuelva. **Recuerde, vaya ahora mismo!**

#### PRONTO

Recomendamos que usted vaya a su doctor de los ojos pronto para una examinación profesional.

**ANUALMENTE**

Recomendamos que usted vaya a su doctor de los ojos una vez por año para una examinación profesional.

**REGULARMENTE**

Su doctor de los ojos sugerirá citas periódicas dependiendo de una examinación profesional.

**Declaracion de la investigacion de visión**

Las pruebas de visión para adultos pueden ayudar a determinar si su visión es tan buena como debe ser. Sin embargo, recuerde que hay muchos factores que afectan los resultados de los exámenes. Igualmente, los analisis de los exámenes no cubren todas las enfermedades de los ojos.

Aun cuando estos analizes son un buen comienzo para examinar su vista, no substituyen un examen profesional de un especialista de los ojos. Si usted sospecha que no está viendo correctamente, o continua teniendo problemas de visión, debe hacerse un exámen profesional, a pesar de los resultados de los exámenes conducidos hoy.