

# Adult Vision Screening Registration Form

Date:
Registration Number:
Screener Site:

SCREENER USE ONLY

## Personal Information

Male

Female

Age

Name (last)	First	Home Phone	Work Phone	Email Address
Address		Apt. #	City	State
				Zip

### Check if you wear glasses/contacts.

Do you have them with you?  Yes  No

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

### Check if you have a vision problem or eye disease.

If so, please describe below:

### Ethnicity

African-American or black

Asian

Caucasian

Hispanic/Latino

Mexican American/ Chicano

Multi-Ethnic

Native American or Alaskan Native

Native Hawaiian or Pacific Islander

Other

## Risk Assessment

	Y	N
Do you have blood relatives with glaucoma?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor treated you for or said you have glaucoma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an eye injury or eye surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed a change in vision in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a persistent pain in or around the eye?	<input type="checkbox"/>	<input type="checkbox"/>
Are you black, Hispanic or Latino, and age 40 or older?	<input type="checkbox"/>	<input type="checkbox"/>
Are you age 60 or older?	<input type="checkbox"/>	<input type="checkbox"/>
Was your last dilated exam more than two years ago?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was your last dilated eye exam more than one year ago?	<input type="checkbox"/>	<input type="checkbox"/>

## Statement on 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 of health information, related to the results of this screening and subsequent eye exams, to be shared with Prevent Blindness for purposes related to follow up and statistical analysis.**

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

## Distance Visual Acuity Screening

Right eye: 20/\_\_\_\_\_ Left eye: 20/\_\_\_\_\_  Unable to screen

Contacts worn  Distance glasses worn Screener: \_\_\_\_\_

## Near Visual Acuity Screening

Right eye: 20/\_\_\_\_\_ Left eye: 20/\_\_\_\_\_  Unable to screen

Contacts worn  Reading glasses worn Screener: \_\_\_\_\_

Near lens (if required)  +1  +2  +3  +4  +5

## Visual Fields Screening (Optional)

FDT  Unable to screen

None missed, or  1 or more missed Screener: \_\_\_\_\_

## Notes/Other Tests (optional)

Signature: \_\_\_\_\_

## Exit Interview

Refer/Mande al doctor

Risk factors/Cosas de Riesgo

Visual Acuity/Agudeza Visual

Visual Fields/Zonas de Visión

Pass/Aprobado

Screener: \_\_\_\_\_

Sign above/Firme aqui



225 West Wacker Drive  
Suite 400  
Chicago, Illinois 60606  
800.331.2020  
PreventBlindness.org

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<input type="checkbox"/>	<input type="checkbox"/>			
Male	Female	Age		
Name (last)	First	Home Phone	Work Phone	Email Address
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### Check if you wear glasses/contacts.

Do you have them with you?  Yes  No  
 Do you wear them for (check one):  Distance vision  Close-up vision  Both

### Check if you have a vision problem or eye disease.

If so, please describe below:

### Ethnicity

- |  |  |
|--|--|
| <input type="checkbox"/> African-American or black | <input type="checkbox"/> Mexican American/ Chicano           |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> Multi-Ethnic                        |
| <input type="checkbox"/> Caucasian                 | <input type="checkbox"/> Native American or Alaskan Native   |
| <input type="checkbox"/> Hispanic/Latino           | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
|  | <input type="checkbox"/> Other                               |

## Risk Assessment

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Y                        | N                        |
| Do you have blood relatives with glaucoma?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a doctor treated you for or said you have glaucoma?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had an eye injury or eye surgery?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you noticed a change in vision in the last 12 months?     | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a persistent pain in or around the eye?            | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you black, Hispanic or Latino, and age 40 or older?        | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you age 60 or older?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Was your last dilated exam more than two years ago?            | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have diabetes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, was your last dilated eye exam more than one year ago? | <input type="checkbox"/> | <input type="checkbox"/> |

## Recommendations/Recomendaciones

- See doctor regularly/Vaya al doctor regularmente
- See doctor regularly/Vaya al doctor regularmente
- See doctor regularly/Vaya al doctor regularmente
- See doctor soon/Vaya al doctor pronto
- See doctor now/Vaya al doctor ahora
- See doctor regularly/Vaya al doctor regularmente
- See doctor 1-2 years/Vaya al doctor 1-2 anos
- See doctor regularly/Vaya al doctor regularmente
- See doctor annually/Vaya al doctor anualmente
- See doctor soon/Vaya al doctor pronto

## Distance Visual Acuity Screening

Right eye: 20/\_\_\_\_\_ Left eye: 20/\_\_\_\_\_  Unable to screen  
 Contacts worn  Distance glasses worn Screener: \_\_\_\_\_

### 20/50 or worse in either eye

**20/50 o peor en uno o el otro ojo**  
 See doctor soon/Vaya al doctor pronto

## Near Visual Acuity Screening

Right eye: 20/\_\_\_\_\_ Left eye: 20/\_\_\_\_\_  Unable to screen  
 Contacts worn  Reading glasses worn Screener: \_\_\_\_\_  
 Near lens (if required) +1 +2 +3 +4 +5

### 20/50 or worse in either eye

**20/50 o peor en uno o el otro ojo**  
 See doctor soon/Vaya al doctor pronto

## Visual Fields Screening (Optional)

FDT  Unable to screen  
 None missed, or  1 or more missed Screener: \_\_\_\_\_

### One or more missed stimuli, or suspect

**Uno o más estímulo no visto, o sospechoso**  
 See doctor soon/Vaya al doctor pronto

## Notes/Other Tests (optional)

Signature: \_\_\_\_\_

Signature to Statement on Screening

## Exit Interview

- |  |  |
|--|--|
| <input type="checkbox"/> Refer/Mande al doctor         | <input type="checkbox"/> Pass/Aprobado |
| <input type="checkbox"/> Risk factors/Cosas de Riesgo  |  |
| <input type="checkbox"/> Visual Acuity/Agudeza Visual  |  |
| <input type="checkbox"/> Visual Fields/Zonas de Visión | Screener: _____                        |



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See doctor annually/Vaya al doctor anualmente

See doctor soon/Vaya al doctor pronto

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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.

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## 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.