



information on eye care and vision
for people with learning disabilities

Telling the Optometrist About Me

Your name: _____

The name you like to be called: _____

Date of Birth: _____

NHS number: _____ National Insurance number: _____

Address for letters: _____

Phone number: _____

GP's name and address: _____

Most people on benefits get a free eye test and money towards the cost of glasses. You must bring something that shows you get benefits to the eye test. Please write down any benefits you get e.g. Income Support: _____

About your eyes:

When was your last eye test? _____

Where did you go to have your eyes tested? _____

What were the results of the eye test? _____

Do you have any problems seeing?

Yes No Don't know Sometimes

If yes, please write what the problems are:

Do you have glasses?

Yes No Don't know

If yes, please take your glasses with you to the eye test

When did you get them? _____

When do you wear your glasses? _____

Do you have a copy of the prescription for these glasses?

Yes No Don't know

If yes, please take the prescription with you to the eye test

Are you registered Blind/Severely Sight Impaired?

Yes No Don't know

Are you registered Partially Sighted/Sight Impaired/?

Yes No Don't know

Have you ever been to the hospital about problems with your eyes?

Yes No Don't know

If yes, why did you have to go? _____

Which hospital did you go to? _____

Has anyone in your family had serious eye problems?

Yes No Don't know

If yes please write below:

Person:
(for example, mum, dad, sister)

Eye Problem:
(for example, glaucoma,
cataracts, diabetes)

About you:

Do you use a wheelchair? (if you do, check that it will fit into the optician's shop and eye test room)

Yes No

If you do use a wheelchair can you move safely from it to another?

Yes No Don't know

Do you have any health problems or disabilities? Yes No

If yes, what are they?

Do you take any medication? Yes No Don't know

If yes:

What is it called?

How much do you take?

What is it for?

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Are you deaf or hard of hearing? Yes No

Do you find it hard to communicate? Yes No

What helps you communicate? _____

About the eye test:

When you have your eye test the optometrist will need to look in your eyes and do some tests to see how well you can see. To help the optometrist do the eye test:

✓ Please tick the box with the right answer:

I can say the names of letters on a chart on the wall(like A, E, X, O)

Yes No Don't know

I can say the names of pictures on a chart on the wall (like a fish, house or flower)

Yes No Don't know

I can point to a letter on a card that is the same as the letter on the chart on the wall

Yes No Don't know

I can point to a picture on a card that is the same as the picture on a chart on the wall

Yes No Don't know

I understand the words "better" or "worse"

Yes No Don't know

I will be OK going to a new place with new people

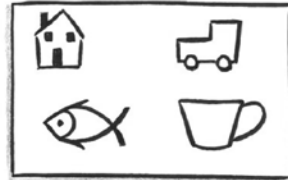
Yes No Don't know

I will be able to wait for more than 20 minutes before having my eyes tested.

Yes No Don't know



Hauwot



I will be able to keep looking at a letter or picture on the wall for a few minutes.

Yes No Don't know

I will be able to keep looking at a letter or picture on the wall for a few seconds.

Yes No Don't know

I will be ok if the optometrist were to cover my eyes one at a time and ask me to look at the letters or pictures on the wall.

Yes No Don't know



Hauwot

I will be able to wear test frames on my face.

Yes No Don't know

I can say which ones make the letters or pictures on the wall easier to see.

Yes No Don't know

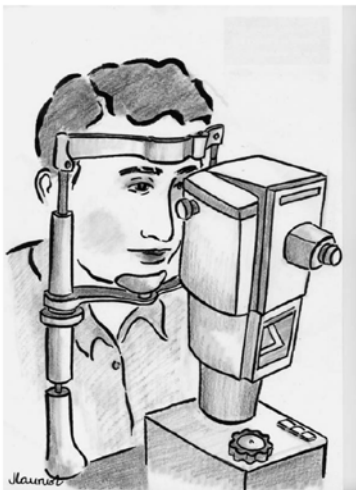


Some people need to have drops put in their eyes during the eye test, would this be ok?

Yes No Don't know

(Some eye drops may sting for a bit or make it hard to see, so make sure you ask the Optometrist what will happen first)

I will be ok if the lights in the room were turned off for a few minutes. Yes No Don't know



I would be able to put my chin on a shelf in front of a machine. I can keep my head still so that the optometrist can shine a light into my eyes.

Yes No Don't know



I would be ok if the optometrist came very close to me.

Yes No Don't know

I would be ok if the optometrist came close to me and shone a bright light in my eye.

Yes No Don't know

It would be ok to hold a glass up to my eye and shine a bright light into my eye from far away.

Yes No Don't know

It would be ok for a gentle puff of air to be blow into my eye from a from a machine that will measure my eye pressure.
(This will not hurt but it will make you jump)

Yes No Don't know

Is there anything that needs to be done to make your eye test easier and more fun?

Things to take to your eye test:

Remember to take these things to your eye test:

- A filled in copy of this eye test form
- Evidence of the benefits you get (if you get any)
- Your glasses (if you have any)
- The prescription for these glasses (if you have one)
- Your Health Action Plan (if you have one)