

# Telling the optometrist about me



## Information about me and my sight

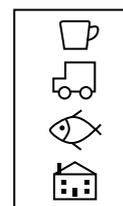


Version 2 - Nov 2010

SeeAbility Easy Read Fact sheet

Please fill in this form and take it with you to your eye test.

Your supporter can fill in this form with you. It's okay to ask them to write on the form.



Please also take these things with you to your eye test:

- Your glasses if you have any
- The prescription from your last eye test
- Evidence of any benefits you get
- Your Health Action Plan if you have one.
- Details of any medication you are taking.



Prescription					
Name: _____					
	SPH	CYL	AXIS	PRISM	ADD
R	-2.50	+2.00	80		+2.75
L	-2.50	+3.00	80		+2.75
Optician: _____					
Date: _____					

If you are filling in this form for someone else please fill in this section

Your name and role:

Your address:

Phone number:

Email address:

## Your details:

Your name:



Your address:



Phone number:



Date of birth:



NHS Number:

National Insurance Number:

Your GP's name and address:



## About your eyes:

Where and when was your last eye test?



Tell us the results of your eye test.

Do you have glasses?



yes



no



don't know



If yes please take you glasses with you to the eye test.

Tell us what you wear your glasses for.

Do you have any problems with your glasses?

yes



no



don't know



Tell us about any problems with your glasses.

**Do you have any problems seeing?**



yes  ✓  
don't know  ?

no  X  
sometimes  !

If yes, please write what the problems are?

**Are you registered blind / severely sight impaired?**

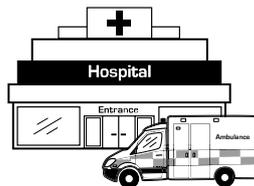


yes  ✓    no  X    don't know  ?

**Are you registered partially sighted / sight impaired?**

yes  ✓    no  X    don't know  ?

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



yes  ✓    no  X    don't know  ?

If yes,

- what was the problem?
- which hospital did you go to?

**Has anyone in your family had serious eye problems?**

yes  ✓    no  X    don't know  ?

For examples has anyone had glaucoma, cataracts or diabetes?



If yes, please write say who has had problems and what problems they've had.

Who	What problem

## More about you

**Do you use a wheelchair?**



yes  ✓ no  ✗ sometimes  !

If yes, ask about access into the optician shop and the eye test room.

**Do you have any health problems or disabilities?**



yes  ✓ no  ✗

If yes, please say what they are.

**Do you take any medication?**



yes  ✓ no  ✗ don't know  ?

If yes please take information about your medication with you to the eye test.

**Are you Deaf or Hard of Hearing?**



yes  ✓ no  ✗

If yes please tell the optometrist about your hearing.

**Do you find it hard to communicate?**



yes  ✓ no  ✗ sometimes  !

What helps you communicate? Tell us if you use things like: Makaton, an interpreter, pictures, gestures, closed questions with yes / no answers.

## About your eye test

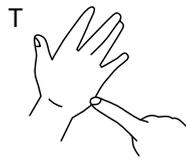


When you have your eye test the optometrist will need to look at your eyes.

They will also do some tests to check how well you can see.

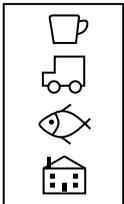
The information you give the optometrist will help them to test your eyes.

**Can you say or sign the names of letters on an eye test chart?**



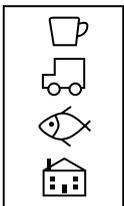
yes  ✓ no  ✗ don't know  ?

**Can you say or sign names of pictures on a chart like house, fish or car?**



yes  ✓ no  ✗ don't know  ?

**Can you point to a letter or picture on a card that is the same as a letter or picture on a chart on a wall?**



yes  ✓ no  ✗ don't know  ?

**Will you be able to wear test frames on your face?**

yes  ✓ no  ✗ don't know  ?



**Will you be okay if the optometrist were to cover your eyes one at a time?**

yes  ✓ no  ✗ don't know  ?



**Can you understand 'better' and 'worse' ?**



better



worse

yes  ✓ no  ✗ don't know  ?

**Would you be able to put your chin on a shelf in front of a machine?**

You will need to keep your head still for a while.

yes  ✓ no  ✗ don't know  ?



**Will you be okay if the optometrist came close to you?**

yes  ✓ no  ✗ don't know  ?



**Will you be okay if the optometrist came close to you and shone a bright light in your eye?**

yes  ✓ no  ✗ don't know  ?



**Will you be okay with a machine that will measure your eye pressure?**

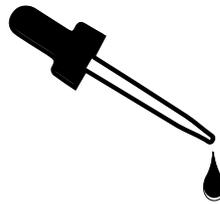
This machine might blow air into my eye or gently touch my eye. This will not hurt but it might make you jump.

yes  ✓ no  ✗ don't know  ?



**Will you be okay if the optometrist needs to put drops in your eyes?**

Some eye drops may sting for a bit, or make it hard to see for a short time.



Eye drops are not done in every test.

You can ask the optometrist about this.

yes  ✓ no  ✗ don't know  ?



**Please tell us any other information we may need to know here.**