


1. Information about the person

First Name:				Family Name:					
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>	Age:	0-5 <input type="checkbox"/>	6-18 <input type="checkbox"/>	19-39 <input type="checkbox"/>	40-54 <input type="checkbox"/>	55+ <input type="checkbox"/>
Telephone:				Address:					

2. Assessment interview



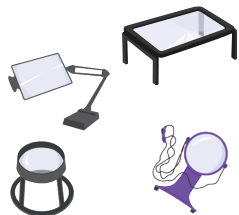

Known vision problems	
Have you been assessed by an eye care professional?	Yes <input type="checkbox"/> Recommendations <input type="text"/> No <input type="checkbox"/>  Refer to eye care professional
Based on eye care professional assessment and the vision screen, does the person have any of the following vision problems?	Eye health problem <input type="checkbox"/> Central visual field loss <input type="checkbox"/> Avoidable distance and/or near vision problem <input type="checkbox"/> Peripheral visual field loss <input type="checkbox"/> Low vision <input type="checkbox"/> Sensitivity to light <input type="checkbox"/> Other: <input type="text"/>
Activity and ability	
What activities do you find difficult because of your vision?	<input type="text"/>
Do these activities need distance or near vision?	Distance <input type="checkbox"/> Near <input type="checkbox"/> Distance and near <input type="checkbox"/>
Do these activities need your hands to be free?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you use your hands easily?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current vision assistive products	
Do you wear glasses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional information needed for using a magnifier	
What light options are available where you will be carrying out the activity?	<input type="text"/>
Trial magnification	
1. Select the most appropriate type of magnifier or telescope. Use the selection table on the back of this form to guide your choice. 2. Practice the activity with the lowest level of magnification available. 3. If activity remains difficult: <ul style="list-style-type: none"> • Add a strong source of light to see if this helps and/or • Trial next level of magnification until correct level is found. 4. If none of the available magnifiers or telescopes suit, consider referral back to eye health care professional.	

3. Plan

Provide magnifier or telescope	Type of magnifier or telescope: Handheld magnifier <input type="checkbox"/> Dome magnifier <input type="checkbox"/> Sheet magnifier with adjustable stand <input type="checkbox"/> Stand magnifier <input type="checkbox"/> Neck magnifier <input type="checkbox"/> Handheld telescope <input type="checkbox"/>	
	Magnification: <input type="text"/>	Other notes: <input type="text"/>
Refer to:	Eye care professional <input type="checkbox"/> Other <input type="checkbox"/>	
Follow-up date:	<input type="text"/>	

 Referral recommended Write notes here

Selection table: Magnifiers and telescopes

Selection of low vision product		Hand held magnifier	Dome magnifier	Stand, around the neck, or sheet magnifier with adjustable stand	Telescope
Always select the product with the person, taking into account their health, ability, environment and preference.					
Eye health	Healthy eyes	✓	✓	✓	✓
Distance vision test result	Cannot see medium or large E after assessment and provision of prescription glasses	✓	✓	✓	✓
Near vision test result	Cannot see small E AND distance vision medium and large E	✓	✓	✓	✓
Findings from vision screen and eye care professional	Avoidable distance and/or near vision problem	✗	✗	✗	✗
	Central visual field loss	✓	✓	✓	✗
	Peripheral field loss	✓	✓	✓	✗
	Diagnosed low vision	✓	✓	✓	✓
Hand function	Cannot use hands / or needs hands for work	✗	✓	✓	✗
Activities	Needs to do near vision activities	✓	✓	✓	✗
	Needs to do distance vision activities	✗	✗	✗	✓
Lighting	Requires extra light built in	✓	✓	✓	N/A

Tips for using magnifiers or telescopes	
If the person normally uses prescription or reading glasses	They should wear these when using a magnifier or telescope.
If the person is sensitive to light	Advise the person to use a peaked cap when outside or in direct sunlight to shade eyes. If they still have problems, refer to an eye care professional as they may need a product with a tinted lens.
If the person needs extra light for activities	Ask what light options are available in the person's home or work. Improve light by: <ul style="list-style-type: none"> • Positioning yourself beside a door or window to use natural light - ensure the light is coming from the side and slightly behind, do not face into the light • Use a lamp – place it to the side and slightly behind, do not face into the lamp • Select a magnifier with a built in light – however these products require batteries.