



1. Information about the person	
Family name <i>✎</i>	Given names <i>✎</i>
Age: 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-18 <input type="checkbox"/> 19-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55+ <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address <i>✎</i>	Telephone <i>✎</i>

**2. Assessment interview**

**Known vision problems**

Ask: Have you been assessed by an eye health professional in the last 3 months?	Yes <input type="checkbox"/> Recommendations: <i>✎</i> No <input type="checkbox"/> <i>↶</i> Refer to eye health professional								
Based on eye health professional assessment and the vision screen, does the person have any of the following eye health or vision problems?	<table border="0"> <tr> <td>Eye health problem <input type="checkbox"/></td> <td>Central visual field loss <input type="checkbox"/></td> </tr> <tr> <td>Distance and/or near vision problems that cannot be improved <input type="checkbox"/></td> <td>Peripheral visual field loss <input type="checkbox"/></td> </tr> <tr> <td>Low vision <input type="checkbox"/></td> <td>Sensitivity to light <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Other: <i>✎</i></td> </tr> </table>	Eye health problem <input type="checkbox"/>	Central visual field loss <input type="checkbox"/>	Distance and/or near vision problems that cannot be improved <input type="checkbox"/>	Peripheral visual field loss <input type="checkbox"/>	Low vision <input type="checkbox"/>	Sensitivity to light <input type="checkbox"/>		Other: <i>✎</i>
Eye health problem <input type="checkbox"/>	Central visual field loss <input type="checkbox"/>								
Distance and/or near vision problems that cannot be improved <input type="checkbox"/>	Peripheral visual field loss <input type="checkbox"/>								
Low vision <input type="checkbox"/>	Sensitivity to light <input type="checkbox"/>								
	Other: <i>✎</i>								

**Activity and ability**

What activities do you find difficult because of your vision? <i>✎</i>	
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 spectacles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------	--

**Additional information needed for using a magnifier**

What light options are available in your home or work (or where the activity will be carried out)? <i>✎</i>
---

**Trial magnification**

1. Select the most appropriate type of magnifier or telescope. Use the selection table on this form.  
 2. Practice the activity with the lowest level of magnification available.  
 3. If activity remains difficult:


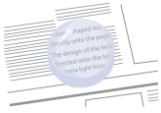
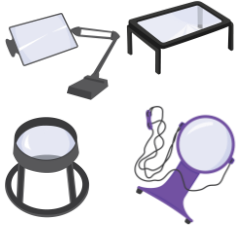

- Add a strong source of light to see if this helps and/or
- Trial next level of magnification until correct level is found.

4. If none of the available magnifiers or telescopes suit, consider *↶* referral back to eye health professional.


**3. Plan**

<b>Provide</b>	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"/>
<b>Power magnification</b>	<i>✎</i>
<b>Refer</b>	Eye health professional <input type="checkbox"/> Other: <i>✎</i>
<b>Other notes</b>	<i>✎</i> <span style="float: right;">Follow up date: <i>✎</i></span>

**Selection table: Magnifiers and telescopes**

<b>Step 1: Select</b> Always select the product with the person, taking into account their health, ability, environment and preference.		<b>Handheld magnifier</b> 	<b>Dome magnifier</b> 	<b>Stand, around the neck, or sheet magnifier with adjustable stand</b> 	<b>Handheld telescope</b> 
<b>Eye health</b>	Healthy eyes	✓	✓	✓	✓
<b>Distance vision test result</b>	Did not pass. Prescription spectacles may be provided by eye health professional.	✓	✓	✓	✓
<b>Near vision test result</b>	Did not pass. Spectacles may be provided by eye health professional.	✓	✓	✓	✓
<b>Findings from eye health professional</b>	Central visual field loss	✓	✓	✓	X
	Peripheral visual field loss	✓	✓	✓	X
	Diagnosed low vision	✓	✓	✓	✓
<b>Hand function</b>	Cannot use hands or needs hands for work	X	✓	✓	X
<b>Activities</b>	Needs to do near vision activities	✓	✓	✓	X
	Needs to do distance vision activities	X	X	X	✓
<b>Lighting</b>	Requires extra light built in	✓	✓	✓	N/A

**Tips for using magnifiers and telescopes**

- If the person normally uses prescription or near vision spectacles: 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 health 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:
  - 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.
  - Using a lamp. Place it to the side and slightly behind, do not face into the lamp.
  - Selecting a magnifier with a built in light. However, these products require batteries.