



information on eye care and vision
for people with learning disabilities

Feedback From The Optometrist About My Eye Test

To be completed by eye care professional and given to person with their prescription (GOS 2).

Name of practice

Name of eye care professional

Practice contact details

Name of person

Date of birth

Date of eye test

Was full examination possible?
(may be limited due to communication difficulties, lack of co-operation, boredom, lack of specialist equipment etc)

If not, does another test need to be carried out?

What alternative testing methods were used? Please tick.

Cardiff Acuity Test Sheridan Gardiner Test

Kay Picture Test Other

Were parts of the eye test **not** performed? Please tick.

External eye examination Colour vision

Looking at back of the eye Eye pressure

Visual fields / all round vision

Visual sharpness / seeing detail

Why?

Are further examinations required in near future? If yes, when and where?

Glasses issued? Yes No

First pair for: near distance both

Second pair for: near distance both

If worn will glasses fully correct vision? Yes No

If person will not wear glasses how well can they see?

Person sees best with –

Left Eye Right Eye Both Eyes

How clearly do they see?

Left Eye

Right Eye

Both eyes

At what distance can person best see pictures / writing in an A4 book?

Have any significant sight problems been detected?

Please describe

Have any other health problems been detected in this eye test?

Is person to be referred on to –

Low Vision Clinic

Rehabilitation Worker for Visually Impaired People

Community Team for People with a Learning Disability

Why?

Who needs to make this referral?

Does the person use a Low Vision Aid? Yes No

Type

Used for

Does the person need increased lighting? Yes No

Type

Used for

How can person be helped to use their vision at home/in day activities? (e.g. Large print, positioning for TV, eating, colour contrast, contrast between objects, protection from glare etc.)

Will person's vision vary according to time of day?

Any other comments/recommendations?

Next eye test due when?

Will a reminder be sent? Yes No

Practitioner's signature.....