



LOW VISION CASE HISTORY

Name _____ M/F Date: _____ Time started: _____

Age: _____ Referred by: _____ Primary eye care: _____

Date of last eye exam: _____ By: _____ Next appt: _____

Diagnosis: OD _____ First diagnosed: OD _____ Stable: Y N
 OS _____ OS _____ Y N

Treatment: OD _____ Other eye surgeries: OD _____
 OS _____ OS _____

Current subjective better eye: OD OS no preference Newspaper headlines: Big Y N Preferred illumination: More
 Med Y N Less
 Previous low vision exam: Y N By: _____ Results: _____ No Preference

Other eye history:

Medical history and medications: Reviewed Hx Entrance Form Orientated to Person, Place, Time Y N
 Mood Affect _____

HTN + - BP: _____
 Arthritis + - Where: _____
 Parkinsons + -
 Hearing Difficulty + -
 COPD + -
 Heart Dz + -
 Diabetes + - Blood Sugar Range _____ Last HbA1C _____

Family history: Reviewed Hx Entrance Form **Social history:** lives alone w/spouse other family assisted living
 Additional details: _____ other: _____

Activities of Daily Living: (Circle areas of difficulty & indicate difficulty accordingly)

Reading: newspaper box scores/stock quotes journals books magazines mail other

Driving: current license? Y N recent accidents / citations travel independently

Television: screen size working distance effect of moving closer

Crafts/Hobbies: specific type last performed

Cooking Skills: recipes pouring liquids seeing food on plate

Computer: monitor size font size working distance adaptive software

Glare control: indoors outdoors dark adaptation

Medications: pill bottles drops

Home Skills: cleaning finances maintenance

Other:

Goals: 1. _____ 2. _____ 3. _____