



Low Vision Rehabilitation Services

You may benefit from a low vision evaluation!

Place an "X" in the box next to each question to which you can answer "yes." Please bring the completed form to your doctor.

- Do you have a magnifying device or devices?
- Are you having trouble with your magnifying device(s)?
- Do you have trouble traveling independently?
- Are you having trouble walking or getting around?
- Does sunlight bother your eyes?
- Do you have problems with homemaking (e.g., cooking, shopping, spills in the kitchen, finding things in the house)?
- Are you having difficulty with grooming, dressing, applying makeup, shaving?
- Are you having difficulty reading?
- Are you having falls or near falls, slipping, or bumping into things?
- Are you having difficulty dressing or bathing?
- Are you having difficulty with medication, pills, or eye drops?
- Have you had to give up hobbies (e.g., cards, sewing)?
- Are you currently using adaptive equipment such as a cane, wheelchair, walker, long-handled reacher? Please specify.

- Are you aware that this program is available through most private insurances or Medicare?

List medicine name(s) and dose
