

## Eye test results form

### Using this form

There are two ways of filling in this form. It can be printed off and written on or as it is a PDF it can be filled in and saved on a computer.

This form is to be completed by an optometrist, orthoptist or other eye health professional.

It will help a person with a learning disability and their supporters understand their eyesight and eye health. Please keep it with their Health Action Plan.

### Details of me and my eye care professional

**My name:**

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**Who completed this form, where the test was done and their contact details:**

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### Date and details of my eye test

**Date of this test:**

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**Recommended date of next test:**

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**Who was present at this test:**

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## Section 2 – Actions from my eye test

### Summary:

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#### Are glasses needed?

Yes  No

#### Am I eligible for certification as sight impaired or severely sight impaired?

Yes  No

#### Do I need to see another specialist?

Yes  No

#### If applicable: EHCP (Education Health and Care Plan) should include information about visual needs.

Yes  No

## Section 3 - Glasses

#### Were glasses prescribed?

Yes  No

If yes, this is the glasses prescription:

R I G H T	Sph	Cyl	Axis	Prism		Sph	Cyl	Axis	Prism	L E F T
					DIST					
					NEAR					



## Accommodation

Accommodation is the ability to change focus for different distances (if accommodation is weak, we need a different glasses strength for different distances e.g. distance and close up vision).

This was okay  This was not assessed/unable to assess

There is a problem

## Details

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## Contrast sensitivity

How well objects can be seen against different backgrounds.

This was okay  This was not assessed/unable to assess

There is a problem

## Details

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## Binocular vision

This is how well the eyes work and move together and give 3D vision.

This was okay  This was not assessed/unable to assess

There is a problem

## Details

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## Colour vision (if this was tested)

This is how well colour can be seen.

This was okay  This was not assessed/unable to assess

There is a problem

### Details

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## Visual field

This is how well things can be seen to the side of the central vision (peripheral vision).

This was okay  This was not assessed/unable to assess

There is a problem

### Details

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## Low vision aids

Low vision aids are tools like magnifying glasses and lamps that help if your vision is reduced.

Should I use low vision aids?

Yes  No

Please say more below – if 'yes', include where I can get them and who can help me use them.

### Details

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## Section 5 – About eye health

### Outside of the eyes

The health of the outside of the eyes – my eye lids and lashes, cornea, conjunctiva, etc.

This was okay  This was not assessed/unable to assess

There is a problem

### Details

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### Inside of the eyes

The health of the inside of the eyes – lens, iris, retina, etc.

This was okay  This was not assessed/unable to assess

There is a problem

### Details

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### My eye pressure

This is usually tested in everyone over 40. If it is high, it might be a sign of an eye condition called glaucoma that can be treated.

This was okay  This was not assessed/unable to assess

There is a problem

### Details

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