



Adult Vision History and Risk Assessment Form

(Please Print)

First Name _____ Last Name _____ Year of Birth _____
 Street Address _____ City _____ State _____ Zip Code _____
 Email _____ Phone Number (____) _____ Alternate Phone Number (____) _____
 Ethnicity: Caucasian _____ African American _____ Hispanic _____ Other: _____ Gender: MALE FEMALE
 Do you currently have an eye care professional? YES NO If yes, please provide their name _____
 Do you wear eyeglasses (including reading glasses) or contacts? YES NO If yes, do you wear them for: READING ONLY DISTANCE VISION BOTH

Vision History and Assessment: The questions and statements below will help determine if you are at risk for eye disease or need a referral to an eye care professional for further evaluation of your vision. *If you suspect that you are not seeing correctly or having an eye problem, you should arrange for a professional eye exam regardless of the results of this risk assessment.* Please complete questions 1 through 8 below. If you are unsure about a question, please ask for assistance from the person that gave you this form.

PATIENT QUESTIONNAIRE

- When was your last dilated (drops put in the eye to open the pupil) eye exam performed by an optometrist or ophthalmologist?
(circle one)
LESS THAN ONE YEAR 2-4 YEARS AGO
5 OR MORE YEARS AGO UNKNOWN/NEVER
- Do you have blood relatives (includes grandparent, parent, sibling, or child) with glaucoma? **YES NO**
- Has a doctor treated you for or said that you have glaucoma or another serious eye problem that required periodic eye exams?
YES NO
- Throughout your life, have you ever had an eye injury or eye surgery?
YES NO
- Have you noticed any change in your vision or persistent pain (not related to allergies or headache) in or around the eye today or in the last 12 months? **YES NO**
- Are you African American or Hispanic AND age 40 or older?
YES NO
- Are you age 65 or older? **YES NO**
- Do you have diabetes or been told that you are pre-diabetic? **YES NO**

HEALTH PROFESSIONAL ACTION STEPS (office use only)

- **EDUCATE PERSON** if response is 2-4 years ago or more: According to Prevent Blindness America, the general recommended frequency of comprehensive eye examinations for people without symptoms or special risk factors is:

Age	Caucasian	African American/Hispanic
20-30	Every 3 to 5 years	Every 2 to 4 years
40-64	Every 2 to 4 years	Every 2 to 4 years
65 or older	Every 1 to 2 years	Every 1 to 2 years
- **REFER PERSON** if response is yes and last eye exam is 2-4 years ago or more.
- **REFER PERSON** if response is yes and last eye exam is 2-4 years ago or more.
- **EDUCATE PERSON** if response is yes and last eye exam is 2-4 years ago or more (see question #1). Risk of eye problems increases for patients with a previous eye injury or eye surgery.
- **REFER** patient if response is yes and last eye exam is 2-4 years ago or more.
- **EDUCATE PERSON** if response is yes and last eye exam is 2-4 years ago or more (see question #1). Risk of eye disease causing vision loss is higher among African Americans and Hispanics.
- **EDUCATE PERSON** if response is yes and last eye exam is 2-4 years ago or more (see question #1). Risk of eye disease causing vision loss increases with age.
- **REFER PERSON** if response is yes and last eye exam was 2-4 years ago or more.

I understand that if I notice any signs of potential eye problems I should see an optometrist or ophthalmologist for an eye exam. I understand that even if I have no signs, regular eye exams are recommended—especially for those with some chronic health conditions such as diabetes and high blood pressure.

PATIENT SIGNATURE _____ **DATE** _____