



# 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** \_\_\_\_\_