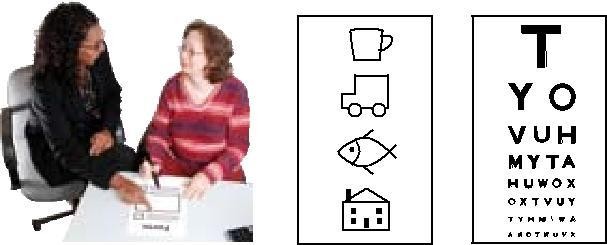


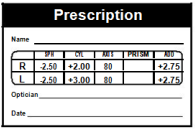
**easy read form**

**Telling the optometrist about me**

**Information about me and my sight**

**Please fill in this form and take it with you to your eye test**

# Your supporter can fill in this form with you. It’s okay to ask them to write on the form



* Your glasses if you have any
* The prescription from your last eye test
* Evidence of any benefits you get
* Your Health Action Plan if you have one

**Please also take these things with you to your eye test:**

Phone number:

Email address:

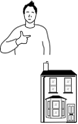
Your name and role:

Your address:

**If you are filling in this form for someone else please fill in this section**

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Phone number: Date of birth: NHS Number:

National Insurance Number

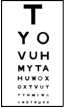
Your GPs name and address

Your name:

Your address:

**Your details:**

**About your eyes:**



# Where and when was your last eye test?

Tell us the results of your eye test

Do you have glasses? Yes no don’t know

# If yes, please take your glasses with you to the eye test.

Tell us what you wear your glasses for

Do you have any problems

with your glasses? yes no

Tell us about any problems

# with your glasses

don’t know

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**Do you have any**

yesno

**problems seeing?** don’t know

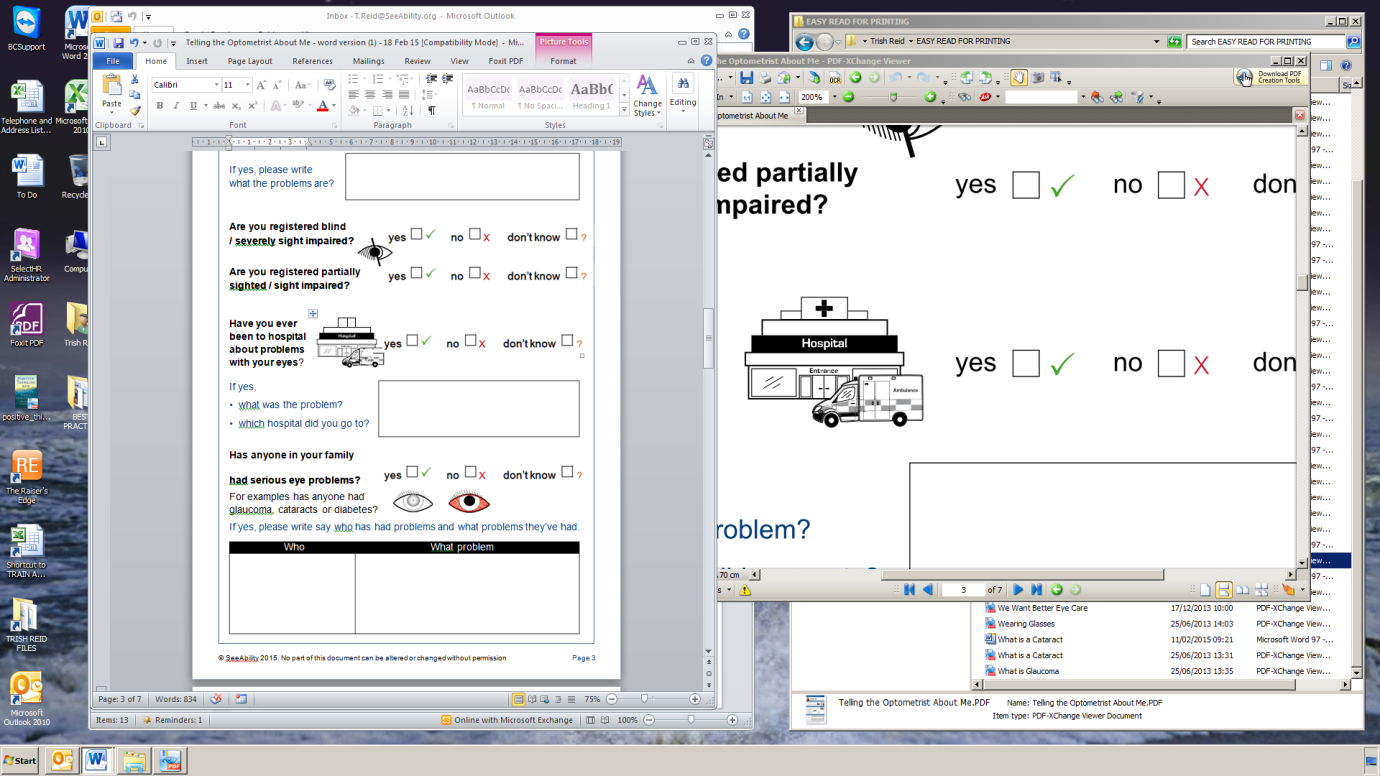
# If yes, please write what the problems are?

## Are you registered blind/

### sometimes

**severely sight   
impaired?**

**Are you registered partially sighted/sight impaired?**

**Have you ever been to hospital about problems yes with your eyes?**

yes no

yes

yes

no don’t know

no don't know

no don't know

If yes,

* what was the problem?
* which hospital did you go to?

**Has anyone in your family**

**had serious eye problems?** yes

****For example: has anyone had glaucoma, cataracts or diabetes?

no don't know

If yes, please write say who has the problems and what  
 problems they’ve had

|  |  |
| --- | --- |
| **Who** | **What problem** |
|  |  |

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More about you

**More about you**

**Do you use a**

**wheelchair?** yes no sometimes

# If yes, ask about access into the optician shop and the eye test room

**Do you have any   
 health problems** yes no  
 **or disabilities?**

If yes, please say   
 what they are

****

**Do you take any  
medication?**

yes no don’t know

If yes, please take information about your medication with you to the eye test

**Are you Deaf or**

**Hard of hearing?** yes no

If yes, please tell the optometrist about your hearing

**Do you find it**

**hard to communicate?**

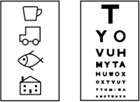
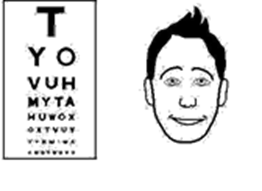
yes no sometimes

What helps you communicate? Tell us if you use things like: Makaton, an interpreter, pictures, gestures, closed questions with yes/no answers

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**About your eye test**



When you have your eye test the optometrist will need to look at your eyes. They will also do some tests to check how well you can see.

The information you give the optometrist will help them to test your eyes.

**Can you say or sign the names of the letters on an eye test chart?**

yes no don't know

**Can you say or sign names of pictures on a chart like house, fish or car?**

yes no don't know

**Can you point to a letter or picture on a card that is the same as a letter or picture on a chart on a wall?**

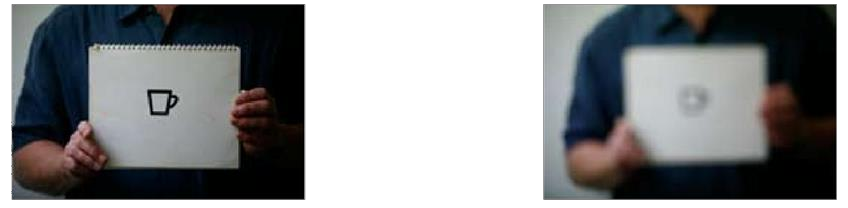
yesno don't know

**Will you be able to wear test frames your face?**

yesno don't know

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**Will you be okay if the optometrist were to cover your eyes one at a time?**

yes no don't know

**Can you understand ‘better’ and ‘worse’?**

yes no don't know

**Would you be able to put your chin on a shelf in front of a machine?**

You will need to keep your head still for while

yes no don't know

**Will you be okay if the optometrist came close to you?**

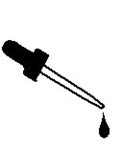
yes no don't know

**Will you be okay if the optometrist came close to you and shone a bright light in your eye?**

yes no don't know

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don't know

no

yes

**Will you be okay if the optometrist needs to put drops in your eyes?**

Some eye drops may sting for a bit, or make it hard to see for a short time.

You can ask the optometrist about this

don't know

no

yes

**Will you be okay with a machine that will measure your eye pressure?**

This machine might blow air into your eye or gently touch your eye. This will not hurt but it might make you jump

**Please tell us any other information we may need to know here**

****[**www.seeability.org**](http://www.seeability.org/)

Reviewed: November 2017

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