

**Public Schools of North Carolina
Exceptional Children Division**

**North Carolina
Ophthalmological/Optometric
Summary**

Patient Information

Patient's name:		Date of birth:	
Address:		City:	State: ZIP code
Parent/guardian's name:	Home phone: ()	Cell phone (optional): ()	Email address:

Attention eye care specialist: Address each item below.

Your thoroughness in completing this report is essential to this patient receiving appropriate services.

Ocular History

Age at onset:

Describe the ocular history, including eye diseases, injuries, and/or operations.

Visual Acuity

If the acuity can be measured, complete the section below using Snellen acuities or Snellen equivalents, or NLP, LP, HM, or the distance at which the patient sees the 20/200 letter.

	Without Glasses		With Glasses	
	Distance	Near	Distance	Near
Right eye (OD)				
Left eye (OS)				
Both eyes (OU)				

If the acuity cannot be measured, indicate below the most appropriate estimation.

<input type="checkbox"/>	Legally blind, 20/200 or worse in both eyes	<input type="checkbox"/>	Functions at the definition of blindness (e.g., CVI)
<input type="checkbox"/>	Legally blind due to visual field of 20 degrees or less in both eyes		

Muscle Function and Intraocular Pressure

Muscle function: Normal Abnormal
Describe:

Intraocular pressure reading: Right: Left:

Visual Field Test

Type of field test (please attach copy):

<input type="checkbox"/>	No apparent visual field restriction exists	<input type="checkbox"/>	A visual field restriction exists
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Describe the restriction:

Visual field is restricted to:

	21 degrees to 30 degrees	20 degrees or less
Right eye (OD)		
Left eye (OS)		
Both eyes (OU)		

Color Vision and Photophobia

Type of field test (please attach copy):

Normal

Abnormal

Photophobia

Diagnosis

Amblyopia

Corneal Disorder

Nystagmus

Aniridia

Cortical/Cerebral VI

Ocular Albinism

Anophthalmos

Esotropia

Optic Atrophy

Astigmatism

Exotropia

Optic Nerve

Aphakia

Glaucoma

Retinal Detachment

Coloboma

Hyperopia

Retinopathy of Prematurity

Congenital Cataracts

Microphthalmos

Retinitis Pigmentosa

Convergence Insufficiency

Myopia

Strabismus

Other

Does the child meet the definition of a neurological Visual Impairment? Y/N

Prognosis

Permanent

Recurrent

Improving

Progressive

Stable

Can be improved

Unable to determine prognosis at this time

At risk for vision loss; this child is under the age of 3 and/or the degree of vision loss cannot be determined.

Recommendations

Select all that apply.

Glasses Prescription—Right: Left:

Contacts Prescription—Right: Left:

Patches Right: Left:

Clinical low vision evaluation

Medication

Surgery

Physical activity to be restricted; please describe:

Follow-up needed:

Return in:

Other

Additional precautions or suggestions:

Eye Care Specialist Information

Signature of licensed ophthalmologist or optometrist:

Print or type name of licensed ophthalmologist or optometrist:

X

Address:

Date of examination:

City:

State:

ZIP code:

Telephone number:

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