

# Telling the optometrist about me

easy read form

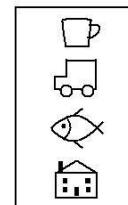


## Information about me and my sight

**SEEABILITY**  
Extraordinary every day

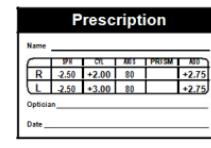
**Please fill in this form and take it with you to your eyetest**

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



**Please also take these things with you to your eyetest:**

- Your glasses if you have any
- The prescription from your last eyetest
- Evidence of any benefits you get
- Your Health Action Plan if you have one



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

Your name and role:

Your address:

Email address:

Phone number:

Date:

## Your details:

Your name:



Your address:

Phone number:



Date of birth:



NHS Number:

National Insurance  
Number



Your GPs name  
and address

## About your eyes:

Where and when was  
your last eyetest?



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  don't know

Tell us about any problems  
with your glasses

**Do you have any  
problems seeing?**



yes

no

don't know

sometimes

If yes, please write  
what the problems are?

**Are you registered blind/**

**severely sight  
impaired?**



yes

no

don't know

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

yes

no

don't know

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

yes

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  no  don't know

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



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

Who	What problem

## 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 or disabilities?**



yes

no

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

# 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?**



yes  no  don't know

# Will you be able to wear test frames on your face?

yes  no  don't know



## 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



## **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

yes  no  don't know



## **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

yes  no  don't know

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

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

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