

# Telling the optometrist about me

easy read form

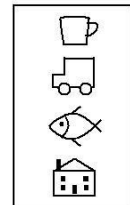


## Information about me and my sight

**SEEABILITY**  
Extraordinary every day

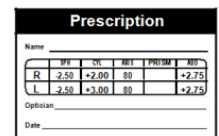
**Please fill in this form and take it with you to your eyetest**

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



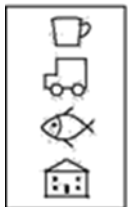
When you have your eye test the optometrist will need to look at your eyes. They will also do some tests to check how well you can see. The information you give the optometrist will help them to test your eyes.

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



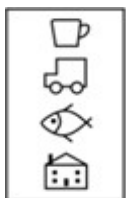
yes ☐ no ☐ don't know ☐

**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 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

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