

PAGE 2: LOW VISION HISTORY FORM

Do you use any magnifiers or low vision devices at this time? no yes
(please list): _____

Have you had a low vision exam before? no yes: _____

How much formal education have you had? completed grade _____

What is your current occupation? _____

Employed by _____ OR retired unemployed

Do you primarily use your vision or braille for reading? vision braille

What are your hobbies or interests? _____

Are you bothered by glare? no yes _____

Do you use a cane or guide dog to help get around? no yes _____

Can you read or see the following? (please check NO or YES)

| NAME OF TASK | NO | YES | NAME OF TASK | NO | YES |
|-----------------------|----|-----|-------------------------|----|-----|
| standard newsprint? | | | see watch to tell time? | | |
| newspaper headlines? | | | bank statement? | | |
| Bible? | | | mail? | | |
| handwritten letters? | | | recipes? | | |
| product labels? | | | needle or thread? | | |
| thermostat? | | | stove dials? | | |
| computer screen? | | | keyboard? | | |
| road signs? | | | traffic signals? | | |
| faces at a distance? | | | scoreboard? | | |
| blackboard in school? | | | overhead menu? | | |

If it were possible, what vision-related tasks, including those listed above or otherwise, would you most like to be able to do? _____

Other comments or concerns: _____

When you come for your exam, *please bring the following* with you:

- this completed low vision history form; any medical insurance cards;
- any glasses, magnifiers, or low vision devices that you currently have and presently use or have previously used or tried.