

YOUR LOW VISION EVALUATION

PATIENT NAME: _____

DATE OF APPOINTMENT: _____

TIME OF APPOINTMENT: _____

ABOUT YOUR APPOINTMENT

You have an appointment for a low vision evaluation. This appointment will allow us to determine if we can help you effectively use your remaining vision with the help of magnifying vision aids and other devices. Please understand that your loss of vision cannot be restored; however, we may be able to recommend some devices that will help you with certain tasks. We will also provide you with a list of local resources that may be of help.

PREPARING FOR YOUR APPOINTMENT

Prior to your appointment, please complete the PATIENT QUESTIONNAIRE that is enclosed and bring it with you to the appointment. The purpose of this questionnaire is to identify specific problems that you may be experiencing due to your vision loss. For example, following are some common vision tasks that many of my patients find difficult, even while wearing their eyeglasses:

- Reading newspapers, magazines, or books
- Watching TV
- Spotting street signs
- Reading price tags, menus, medicine bottles
- Seeing oven dials & settings
- Recognizing faces

Please begin your diary/questionnaire starting today and list daily the different vision tasks that you find difficult and answer the other questions.

WHO SHOULD ATTEND THE APPOINTMENT

A spouse, relative or friend is encouraged to accompany you.

WHAT TO BRING WITH YOU

Please bring any eyeglasses, sunglasses or magnifying glasses that you are presently using. In addition, bring the “tools” that are involved with the most important task that you are having difficulty with (such as those you listed on the PATIENT QUESTIONNAIRE). For example, if you are having difficulty reading a particular book, bring that book with you to the appointment. If you are having difficulty with cross-stitching, bring the needles, the pattern, the thread, the directions, etc.

FEE STRUCTURE

The cost of the appointment is \$99.⁰⁰. More than one-vision aids may be recommended during the evaluation. These vision aids typically are not covered by most insurance plans. So please expect to pay for these devices.

THE LOW VISION EVALUATION PROCESS

You will need to learn how to use the devices and how to take care of them so they will maximize your remaining vision. It will require some hard work on your part so don't be disappointed if it takes some weeks to be efficient using them.

QUESTIONS

Telephone:(204) 489-9403

Please ask for: Eric



2-1200 Waverley Street
Winnipeg, Manitoba
R3T 0P4

Tel: (204) 489-9403
info@eyecanada.ca
Dr. Michael D. Nelson, Optometrist

PATIENT QUESTIONNAIRE

NAME: _____ TELEPHONE: _____

To prepare for your appointment, please answer the following questions:

1. Please think about different vision tasks that you find difficult and list them below. You might wish to treat this like a diary and when ever you have a problem, then write it down. Take a minute to think about where these tasks take place and what type of lighting is available in that location. The day before your appointment, please prioritize the tasks below in order of their importance.

VISION TASK	LOCATION/ROOM	LIGHTING
• <u>Reading the newspaper</u>	<u>kitchen</u>	<u>Overhead light - 2 60w bulbs</u>
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

2. Does sunlight bother your eyes? YES NO
If you wear sunglasses, please bring them.

3. Do you wear eyeglasses? YES NO
If yes, please bring your newest ones in for your appointment.

4. Are you using any magnifying vision aids? YES NO
If yes, please bring them for your appointment.

PLEASE BRING THIS QUESTIONNAIRE WITH YOU TO THE APPOINTMENT