

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.