



YOUR LOW VISION EVALUATION

PATIENT NAME: _____

DATE OF APPOINTMENT: _____

TIME OF APPOINTMENT: _____

ABOUT YOUR APPOINTMENT

You have an appointment for a low vision rehabilitation. 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. We will demonstrate and show you how to use 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 your appointment. If you are having difficulty with cross-stitching, bring the needles, the pattern, the thread, the directions, etc.

FEE STRUCTURE

If you are covered by Medicare, your examination may be covered. More than one-vision aids may be recommended during the evaluation. These vision aids typically are not covered by Medicare or most private insurances plans. So please expect to pay for these devices.

THE LOW VISION EVALUATION PROCESS

Please keep in mind that this is your initial visit. We will probably need to meet several times to ensure that you receive the best prescription for your eyes and that the vision tasks and goals that you want to accomplish are attained. 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 become efficient using them.

QUESTIONS

The office telephone number is 937-866-3471
Please ask for Jeanne Bordewisch