

Oakland Vision Center OPTOMETRY

1960 BROADWAY, OAKLAND CA 94612

510-893-5566

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 can 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 attached 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

In their 1st year, the average low vision patient will need 4-5 devices to help them. The average price starts at \$125.00 for each device. If you are covered by Medicare, your examination may be covered. Typically more than one vision aid may be prescribed during the evaluation. These vision aids are not covered by Medicare and most private insurance plans*. So please expect to pay for these devices.

NOTE: Medi-Cal does cover some of the devices

THE LOW VISION REHABILITATION 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 be efficient using them.

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PATIENT QUESTIONNAIRE

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 whenever 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

• Reading the newspaper kitchen 2 x Overhead 60 watt bulbs

• _____.

• _____.

VISION TASK

LOCATION/ROOM

LIGHTING

- _____.
- _____.
- _____.

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**

QUESTIONS?

The office number is: 510-893-5566.