



**ACCESS TO LEARNING LOW VISION CLINIC
PARENTS/CAREGIVER
LOW VISION PRE-EXAMINATION INFORMATION**

To submit form electronically: save this file to your computer; click on grayed spaces and type to fill in fields (you can tab between them); save final file to your computer; and email final file as an attachment to KimberKniffin@nmsbvi.k12.nm.us

OR, to submit form via mail or fax: you can print this blank form, fill it in manually, and then mail it to NMSBVI-ECP, ATTN: Low Vision Clinic, 801 Stephen Moody Street SE, Albuquerque, NM 87123; or fax to 505-271-3073.

IF YOU HAVE MORE THAN ONE CHILD BEING SEEN WE WILL MAKE EVERY EFFORT TO SCHEDULE TOGETHER.

Today's Date:

Name of Child:

Date of Birth:

Sex: ☐ M ☐ F

Parent/Guardian name:

Address:

City, State, Zip:

Primary Phone:

Child resides with ☐ Mother ☐ Father ☐ Both ☐ Other

Is an interpreter needed? ☐ Yes ☐ No

Name of child's primary eye care doctor:

Date of child's last eye exam?

What is the cause of the visual impairment?

At what age did the visual impairment occur?

Does anyone in your family have similar visual problems?

Explain any treatment, or surgery related to your child's eye condition:

Has your child ever had a **low vision** evaluation? ☐ No ☐ Yes
If yes, when and where?

Is your child bothered by glare **or bright sunlight**? ☐ No ☐ Yes

What type of glare protection does your child use regularly?
Does your child use any aids to help them see better?

Do you feel that you understand how your child sees, or does not see? ☐ No ☐ Yes

Does your child have any other medical conditions?

Does your child have a hearing loss? ☐ No ☐ Yes If yes, please describe the level of hearing loss.

Does your child have any learning difficulties other than visual? ☐ No ☐ Yes
If yes, please explain.

List the medications your child is currently taking and any special medical treatments he or she has had or is receiving:

Is your child currently receiving orientation and mobility training? ☐ No ☐ Yes
List any devices or aids your child uses for mobility (e.g. rigid white cane, adaptive mobility device, monocular telescope. etc):

What do you expect to learn from this evaluation?