Public Schools of North Carolina Exceptional Children Division	North Carolina Ophthalmological/Optometric Summary

Patient Information

Patient's name:		Date of birth:	
Address:	City:	State:	ZIP code
Parent/guardian's name:	Home phone: ( )	Cell phone (optional): ( )	Email address:

Attention eye care specialist: Address each item below.
Your thoroughness in completing this report is essential to this patient receiving appropriate services.

Ocular History

Age at onset:

Describe the ocular history, including eye diseases, injuries, and/or operations.

Visual Acuity

If the acuity can be measured, complete the section below using Snellen acuities or Snellen equivalents, or NLP, LP, HM, or the distance at which the patient sees the 20/200 letter.

	Without Glasses		With Glasses	
	Distance	Near	Distance	Near
Right eye (OD)				
Left eye (OS)				
Both eyes (OU)				

If the acuity cannot be measured, indicate below the most appropriate estimation.

	Legally blind, 20/200 or worse in both eyes		Functions at the definition of blindness (e.g., CVI)
	Legally blind due to visual field of 20 degrees or less in both eyes		

Muscle Function and Intraocular Pressure

Muscle function: ☐ Normal ☐ Abnormal
Describe:

Intraocular pressure reading: Right: Left:

Visual Field Test

Type of field test (please attach copy):

	No apparent visual field restriction exists		A visual field restriction exists

Describe the restriction:

Visual field is restricted to:

	21 degrees to 30 degrees	20 degrees or less
Right eye (OD)		
Left eye (OS)		
Both eyes (OU)		

Color Vision and Photophobia					
Type of field test (please attach copy):					
	Normal		Abnormal		Photophobia

Diagnosis					
	Amblyopia		Corneal Disorder		Nystagmus
	Aniridia		Cortical/Cerebral VI		Ocular Albinism
	Anophthalmos		Esotropia		Optic Atrophy
	Astigmatism		Exotropia		Optic Nerve
	Aphakia		Glaucoma		Retinal Detachment
	Coloboma		Hyperopia		Retinopathy of Prematurity
	Congenital Cataracts		Microophthalmos		Retinitis Pigmentosa
	Convergence Insufficiency		Myopia		Strabismus
	Other				
Does the child meet the definition of a neurological Visual Impairment? Y/N					

Prognosis					
	Permanent		Recurrent		Improving
	Progressive		Stable		Can be improved
	Unable to determine prognosis at this time				
	At risk for vision loss; this child is under the age of 3 and/or the degree of vision loss cannot be determined.				

Recommendations	
Select all that apply.	
	Glasses Prescription—Right: Left:
	Contacts Prescription—Right: Left:
	Patches Right: Left:
	Clinical low vision evaluation
	Medication
	Surgery
	Physical activity to be restricted; please describe:
	Follow-up needed:
	Return in:
	Other
Additional precautions or suggestions:	

Eye Care Specialist Information			
Signature of licensed ophthalmologist or optometrist: **X**			Print or type name of licensed ophthalmologist or optometrist:
Address:			Date of examination:
City:	State:	ZIP code:	Telephone number: ( )