IOWA HEALTH CARE
Stead Family Pediatrics

Iowa KidSight

A Joint Project of The Lions Clubs of Iowa
and the Department of Ophthalmology & Visual Sciences
at the University of Iowa Stead Family Children's Hospital

Evaluation Sheet

Child's Name _____ Date of Birth _____

Date of Vision Screening _____ City of Screening _____

Session Number _____

Signature of parent/guardian authorizing release of this follow-up information:

_____ Date _____

To be completed by Ophthalmologist/Optometrist: This patient has been referred to you after failing a vision screening with Iowa KidSight. **Please complete this form and fax it to (319) 467-5091, E-mail to KidSight@uiowa.edu** or mail it in the enclosed envelope to Iowa KidSight, 2431 Coral Court #5, Coralville, IA 52241. This Evaluation Sheet is a critical part of finalizing the screening process as it provides validation that the child was examined and validates the effectiveness of this screening program. If you have questions, please call 319-467-5090.

1. **Date of Exam:** _____

2. **Reporting MD/OD** (please print):
   Name: _____ Clinic: _____
   Address: _____
   Phone: _____ Fax: _____
   E-mail: _____

3. **Visual Acuity:** **OD:** _____
   OS: _____

   Method of Testing Vision (circle all that apply)
   a) CSM
   b) Fix and Follow
   c) Pictures (Snellen Equivalent)
   d) HOTV
   e) E-Game
   f) Other – Please Elaborate

4. **Ocular Motility:**
   Ortho: _____
   Strabismus: _____

   Method of Assessing Alignment (circle all that apply)
   a) Penlight
   b) Cross-Cover Testing
   c) Other – Please Elaborate

5. **A Cycloplegic Refraction is recommended:**

   Cyclogyl 1% _____ Other _____

   Refraction: OD _____ + _____ x _____ or OD _____ - _____ x _____

   OS _____ + _____ x _____ or OS _____ - _____ x _____

6. **Other Exam Notes** _____

   Anisocoria _____ Ptosis _____

7. **Diagnosis:**
   Amblyopia: Yes No
   Type: Strabismus _____ Anisometropia _____ Media Opacity _____ Other_____

8. **Treatment:**
   None: _____ Glasses: _____ Other (please specify) _____

9. **Follow-up:**
   None: _____ Other (include date) _____