



## 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: \_\_\_\_\_ Method of Testing Vision (circle all that apply)

OS: \_\_\_\_\_

- 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) \_\_\_\_\_