

<b><u>Social Situation</u></b>	
<b>Lives</b> <input type="checkbox"/> Alone <input type="checkbox"/> With partner/spouse <input type="checkbox"/> With other relative <input type="checkbox"/> Sheltered Accom. <input type="checkbox"/> Residential Care <input type="checkbox"/> Other	<b>Occupation</b> <input type="checkbox"/> In Education <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
<b><u>Reported difficulties</u></b>	
<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> VDU <input type="checkbox"/> Taking Medication <input type="checkbox"/> Shopping <input type="checkbox"/> Telephone <input type="checkbox"/> Mobility	<input type="checkbox"/> Cooking <input type="checkbox"/> Telling time <input type="checkbox"/> Television <input type="checkbox"/> Glare <input type="checkbox"/> Lighting <input type="checkbox"/> Other
<b><u>Support and services received to date</u></b> <input type="checkbox"/> Social Services V.I <input type="checkbox"/> Social Services <input type="checkbox"/> General Voluntary <input type="checkbox"/> Sector Education <input type="checkbox"/> Employment services <input type="checkbox"/> Other	<b><u>Risk Identified</u></b> <input type="checkbox"/> Depression <input type="checkbox"/> Falling <input type="checkbox"/> Burning <input type="checkbox"/> Taking Medication <input type="checkbox"/> Crossing Roads <input type="checkbox"/> Loss of Independence <input type="checkbox"/> Other.....

Help most needed with:

[illegible]

Low Vision Aid	Obtained from	Used for	VA

Severe Loss	<b>VRS</b> 90% <b>NHC</b> 44%	<b>KDR</b> 63% <b>SOK</b> 31%	Significant Loss	<b>SCN</b> 22% <b>CNH</b> 11%	<b>OZV</b> 15% <b>ZOK</b> 7.8%
Noticeable Loss	<b>NOD</b> 5.6% <b>CDN</b> 2.8%	<b>VHR</b> 3.9% <b>ZSV</b> 1.9%	OK	<b>KCH</b> 1.4% <b>RSV</b> 7%	<b>ODK</b> 1.0% <b>HVR</b> 0.5%

## LVAs

[illegible]

**PATIENTS NAME**

**Advice/ Information**

- ☐ Lighting  
☐ Registration  
☐ Contrast  
☐ Support groups  
☐ Eye condition  
☐ Television  
☐ Talking books  
☐ Other

**Spectacles/ Tints**

- ☐ Rx Issued  
☐ Tints issued / prescribed  
☐ No spectacles / tint

**Next Appointment****Report / Referral**

- ☐ For Registration  
☐ Ophthalmologist  
☐ GP  
☐ GP for Depression  
☐ Social Services  
☐ Voluntary Agency  
☐ Education services  
☐ Employment services

**Advice given:****Practitioner Declaration**

- I have performed a ☐ Full assessment ☐ Follow up  
In ☐ Optometric practice ☐ Mobile setting  
And claim the ☐ Mobile 1st, 2nd patient fee ☐ Subsequent fee

Reason for mobile claim .....

**Practitioner name** ..... **GOC No:**.....**Practitioner Address****Practitioner Signature** .....**Patient Declaration****Patient's preferred communication format**

.....

- ☐ I am happy to be contacted by NWSSP at a later date for audit or research.

**Signed** .....**Date** .....

Gwasanaethau Offthalmig  
Cyffredinol Cymru  
Wales General  
Ophthalmic Services

**Low Vision Assessment Record Card****Patient Detail**

Date: \_\_/\_\_/\_\_

Title	DOB
Surname	Patient Address
First Names	
GP	
GP address	Postcode
<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone

**Ethnicity** ☐ White ☐ Black/Black British ☐ Asian/Asian British ☐ Other Ethnic Group**Ocular History****Previous Consultations**

- ☐ Ophthalmology  
☐ Low Vision

- ☐ AMD Wet ☐ AMD Dry ☐ Glaucoma ☐ Diab Eye Dis  
☐ Cataract ☐ Nystagmus ☐ Not known ☐ Other Please Record

**Registered:** ☐ S.S.I. ☐ S.I. ☐ Not Registered ☐ Not known

Sight Test Date ..... Year First Bin. V.I.:

**General Health**

- ☐ Hearing Impairment

**Accessing the service****How did they get there?**

- ☐ Public transport  
☐ Car  
☐ Taxi  
☐ Walked  
☐ Ambulance  
☐ Domiciliary  
☐ Mobility Scooter  
☐ Accompanied  
☐ Alone

**Who referred them?**

- ☐ Ophthalmologist  
☐ GP  
☐ Optometrist  
☐ Social/ rehab worker  
☐ Voluntary agency  
☐ Friend/ relative/ self  
☐ Education

**How long did they wait?**

- ☐ < 2 weeks  
☐ 2 weeks to 2 months  
☐ 2 to 6 months  
☐ 6 months to 1 year  
☐ > 1 year  
☐ Don't Know