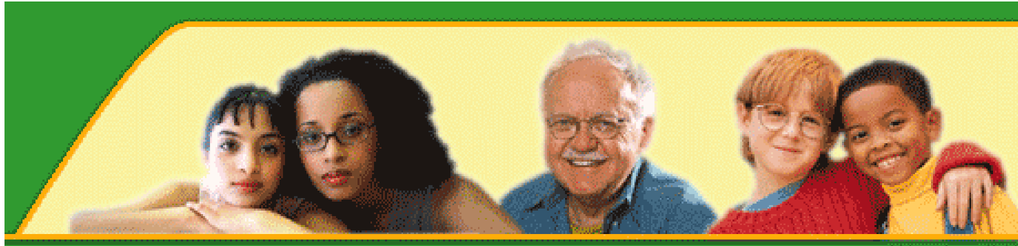
(https://ohio.preventblindness.org/)



Eye Exam that includes Eyeglasses for Adult

Client Information

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Gender

Ethnicity (optional)

Does the client speak English?

If the answer is no, client must arrange for their own English speaking interpreter, such as a family member, interpreter services, or friend who will attend the eye care professional appointment with the client.

Street Address

Please indicate if the address is a "street"; "lane"; "road"; "avenue"; "circle"; "court"; etc.

City

State

County

Zip Code

Telephone Number (with Area Code)

\- -

Email Address

Total Family Annual Income (Income is an estimate)

$

Number of Persons in Household

Does the applicant receive any of the following assistance/insurance coverage:

Medicaid ☐

For example:
Buckeye Community Health Plan
CareSource
Molina Healthcare
Ohio
Paramount Advantage
United Healthcare
Other

Medicare Part A Only ☐

Medicare Part B ☐

Medicare with Supplemental Insurance ☐

Private Insurance w/vision benefits ☐

Affordable Care Act i.e., Market Place Insurance ☐

None ☐

What is the client's source of transportation?

Car ○

Bus ○

Agency can transport ○

Assistance/Insurance Benefits Comments

If you have indicated that the client has insurance benefits, please explain why the client is not using their benefits to get an eye exam and or eyeglasses.

Does Client Need an Eye Exam?

Risk Assessment Questions (These may be used if agency is unable to perform regular vision screening tests.)

Do you have a blood relative with glaucoma?
(Blood relative means mother, father, sibling, child or grandparent.)

Yes ○ **No** ○

Has an eye doctor treated you or said you have glaucoma?

Yes ○ **No** ○

Have you ever had an eye injury or surgery?

Yes ○ **No** ○

Have you noticed a change in your vision in the last 12 months?

Yes ○ **No** ○

Do you have persistent pain in or around your eye?

Yes ○ **No** ○

Are you age 60 or older?

Yes ○ **No** ○

Are you black, Hispanic or Latino and age 40 or older?

Yes ○ **No** ○

If your client answered "Yes" to two or more of the above questions, refer them to Prevent Blindness.

Was your last dilated exam more than two years ago?

Yes ○ **No** ○

If your client answered "Yes," refer them to Prevent Blindness.

Do you have diabetes?

Yes ○ **No** ○

If you have diabetes, was your last dilated exam more than a year ago?

Yes ○ **No** ○

If your client has diabetes and answered "Yes," refer them to Prevent Blindness.

For Agency Advocate:

If you conducted a Prevent Blindness certified vision screening, did the client fail the screening?

Yes ○ **No** ○ **N/A** ○

If "Yes," refer your client to Prevent Blindness.

Comments Box

Client Responsibility Agreement

By checking the box below, I understand that due to the charitable nature of the VCO program that the services I receive are limited in an effort to serve as many people as possible who need eye care. I understand that I can only use the vision care outreach program for eye exam services once a year ((eligibility date determined by PBO). If I have diabetes, I can receive a yearly eye exam. Further, I agree that when I visit the eye care professionals to attend my eye exam that I will not be late to the eye appointment, will dress appropriately and will exhibit appropriate behavior. I will be courteous and respectful at all times while on the premises. I understand that if I do not comply with any of the terms listed above, that *the eye care professionals involved reserve the right to refuse their services and I could be asked to leave the premises immediately*.

☐ **Client and/or partner advocate has read the above Client Responsibility Agreement and client agrees to comply with terms as they have been outlined. The client also agrees to authorize the eye care professional that donated the eye care services to Prevent Blindness, that was provided to the client, to release any information to Prevent Blindness for the purpose of obtaining eyeglasses or any additional care or in order to allow Prevent Blindness to monitor the quality of the work it does.**

Submit **Cancel**