



## Eye Care Provider Evaluation Sheet

This patient has been referred to you for a complete pediatric eye exam after failing a Lion's Club eye screening. In addition to performing a **cycloplegic refraction**, **this form (COMPLETELY FILLED OUT BY THE EXAMINING EYE DOCTOR) must be returned to Operation KidSight by fax (317) 578-3312 or e-mail [KidSight@sbcglobal.net](mailto:KidSight@sbcglobal.net)** Alternatively, you may mail the form to **Operation KidSight, P.O. Box 6141, Fishers, IN 46038**. Medical questions may be directed to the KidSight Medical Director, Daniel E. Neely M.D. at [deneely@iupui.edu](mailto:deneely@iupui.edu).

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Vision Screening: \_\_\_\_\_ City of Screening: \_\_\_\_\_

Session No. \_\_\_\_\_

**(To be completed by MD/OD)**

**Date of Exam:** \_\_\_\_\_

**Name of reporting MD/OD:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

**Visual Acuity:**            **OD:** \_\_\_\_\_            **OS:** \_\_\_\_\_

**Method of testing vision** (Circle all that apply)

- a. Snellen letters            b. Allen figures            c. HOTV            d. E-game/Broken circle
- e. CSM/F & F            f. Others (please elaborate)

**Method of Assessing Alignment** (circle all that apply):      Penlight Exam            Cross-Cover Testing

**Ocular Alignment:** Ortho: \_\_\_\_\_      Strabismus (please elaborate): \_\_\_\_\_

**Cycloplegic Refraction: Please perform a dilated examination and cycloplegic refraction on all patients.**

Agent (circle one):	Cyclogyl 1%	Cyclogyl 2%	Mydracyl 1%	None _____
Refraction:	OD: _____	_____	X _____	
	OS: _____	_____	X _____	

**Diagnosis of Amblyopia:**            Yes            No

**Amblyogenic Factors:** Strabismus: \_\_\_\_\_      Anisometropia: \_\_\_\_\_      Media Opacity: \_\_\_\_\_      Other: \_\_\_\_\_

**Treatment:** None \_\_\_\_\_      Glasses: \_\_\_\_\_      Other (please specify): \_\_\_\_\_

**Follow-Up:** None \_\_\_\_\_      Yes \_\_\_\_\_      Date: \_\_\_\_\_

**Fax: (317) 578-3312**

**Email: [KidSight@sbcglobal.net](mailto:KidSight@sbcglobal.net)**