Form 1B : Sight Testing—Client History & Eligibility

DATE: M M D D Y Y Y Y

CLIENT NAME: Last name | First name

ADDRESS: Unit, number, and street name

City | Province | Postal code

PHONE:

DATE OF BIRTH: M M D D Y Y Y Y

CURRENT AGE:

By completing this form, you affirm that you have received, read, and understood **Form 1A: Sight Testing—Client Information Sheet**. If you do not know the difference between an eye health examination and a sight test, please ask your optician for clarification before proceeding.

Health information

1. Date of last eye health examination (by an optometrist, ophthalmologist, or other medical practitioner):

2. Did an optometrist, ophthalmologist, or other medical practitioner advise you to visit an optician for a sight test? Yes ☐ No ☐

   If Yes, provide name of the optometrist, ophthalmologist, or medical practitioner:

(continued on next page)

3. To the best of your knowledge, are you currently experiencing and/or do you have a history of any of the following conditions?

a)	Glaucoma	Yes ☐	No ☐
b)	Retinal detachment	Yes ☐	No ☐
c)	Macular degeneration	Yes ☐	No ☐
d)	Diplopia (double vision)	Yes ☐	No ☐
e)	A prescription for corrective lenses containing prism	Yes ☐	No ☐
f)	Refractive error exceeding plus or minus 6.00 dioptres in either eye	Yes ☐	No ☐
g)	Diabetes	Yes ☐	No ☐
h)	High blood pressure/hypertension	Yes ☐	No ☐
i)	Recent head injury	Yes ☐	No ☐
j)	Injury or pain occurring to or in either eye within the past 3 months	Yes ☐	No ☐

4. Why have you come to have a sight test?

5. Is there any other health condition or information that you would like the optician to be aware of? Please specify.

CLIENT SIGNATURE:

OPTICIAN SIGNATURE:

OPTICIAN NAME:

OPTICIAN LICENCE #:

DATE: M M D D Y Y Y Y

For optician's use only:

☐ **(Initial)**

If the client was ineligible for a refraction, the optician must recommend an eye health examination. Initial to confirm that an eye health examination was recommended.

Note: This Client History & Eligibility form must be retained with the client file.