

SECTION 400 PART B: FORMS FOR SCREENINGS

REVISED: 01/25/10

DSB-2007: EVALUATION WITH VIDEO MAGNIFICATION (CLOSED CIRCUIT TELEVISION)

[DSB-2007, Evaluation with Video Magnification \(Closed Circuit Television\)](#)

[DSB-2007, Evaluation with Video Magnification \(Closed Circuit Television\) Instructions](#)

DSB-2207 VISION SCREENING LIST

PURPOSE

The Nursing Eye Care Consultant completes this form at the time of the vision screening. It is used primarily when children are being screened at Head Start, day care or school. It provides a source for statistical information for the Agency as well as a log for the NECC to record follow-up services.

INSTRUCTIONS

1. The location and date of the vision screening should be completed at the top of the form.
2. The NECC should record the consumer's name and then complete all requested information about the consumer to the right of the name. A "X" should be up in the "Follow-up" column if the NECC needs to provide follow-up services after the screening.
3. When follow-up services are provided, the NECC should make a notation of the date of the contact beside the "X" in the "Follow-up" column.
4. The NECC retains this form in the screening records.

[DSB-2207, Vision Screening List](#)

DSB-2218 PERMISSION FORM FOR VISION SCREENING AT DAY CARE

PURPOSE

A permission form must be signed by the parent(s) of a child before the Nursing Eye Care Consultant can screen the child at a day care center. This form should be provided to the Director of the day care center for distribution to the parent(s) before the date of the screening. The NECC will collect the forms from the Director before the screening begins.

INSTRUCTIONS

1. The NECC will have the name of the day care center typed or written in the space provided at the top of the form.

2. The NECC will sign the form after the paragraph explaining the vision screening services.
3. The NECC will retain these forms in the screening records when they are collected after the parents' decisions have been recorded on the form.

DSB-2218, Permission Form for Vision Screening at Day Care

DSB-2220 REPORT TO PARENTS OF CHILD SCREENED AT DAY CARE

PURPOSE

This form should be sent to the parent(s) of a child who did not have a normal vision screening when the Nursing Eye Care Consultant screened the child at a day care center. It provides information about the reason the NECC is concerned about the child's vision and urges the parent(s) to take the child for a thorough eye examination. An eye care provider can then use it as a reporting document to return to the NECC.

INSTRUCTIONS

1. The NECC should write the child's name in the space provided at the top of the form.
2. The NECC should indicate with a "X" any of the findings of the vision screening.
3. The NECC should sign the form at the middle of the page. A business card and return envelope of the NECC should be included with the report to enable both the family and the eye care provider to make contact with the NECC as needed.
4. The lower half of the form should be completed by the eye care provider and returned to the NECC. Any recommendations on the form should be acted upon appropriately by the NECC and then filed with the screening records

DSB-2220, Report to Parents of Child Screened at Day Care

DSB-2205-A REFERRAL FOR LOW VISION SCREENING

PURPOSE

DSB-2205 is used to refer the consumer to the Nursing Eye Care Consultant for low vision screening. The form will capture the consumer's identifying information and provide additional information to the NECC which will be of assistance in doing a thorough evaluation of low vision needs.

PREPARED BY

DSB-2205 is prepared by the Social Worker for the Blind, the Independent Living Rehabilitation Counselor or the Rehabilitation Counselor when there is a need to refer the consumer to the NECC. It should be prepared in duplicate with original being sent to the NECC and a copy will remain in the case record.

INSTRUCTIONS

NAME: Enter consumer's full name.

ADDRESS	Enter consumer's full address, including city & zip.
COUNTY:	Enter consumer's county of residence.
ELIGIBILITY INFORMATION:	Enter if consumer is Needs or Non-Needs.
DOB:	Enter consumer's month, day and year of birth.
TELEPHONE:	Enter consumer's area code and telephone number
ALTERNATE #	Enter a work phone # or that of a friend or relative where consumer can be reached
CONTACT PERSON:	Enter a name of a friend or relative.
LIVING SITUATION:	Indicate whether consumer lives alone or with family or friends.
REASON FOR REFERRAL	Enter the consumer's current need for low vision aids..
DIRECTIONS:	Enter good, clear driving directions from the county DSS or from the NECC's office. Specify the starting point of the directions
EDUCATION:	Enter grade completed in school.
OCCUPATION:	Enter current occupation if there is one.
TRAINING:	Enter any special training the consumer has received.
WORK EXPERIENCE:	Enter experience from past employment Enter any special training the consumer has received.
VISUAL ACUITY:	Enter experience from past employment Enter right eye visual acuity beside OD.
VISUAL FIELD:	Enter left eye visual acuity beside OS. Enter right eye visual field beside OD.
VISUAL DIAGNOSIS:	Enter left eye visual field beside OS Enter the eye diagnosis from client's eye doctor and also attach an eye report.
PERTINENT MEDICAL PROBLEMS / IMPAIRMENT / COMMENTS:	Enter any additional physical or visual concerns which may be pertinent information for the NECC in assessing the low vision needs of the consumer
CASE MANAGER SIGNATURE	The signature of the case manager who is referring the consumer to the NECC (This can be the SWB, IL Rehabilitation Counselor, or the Rehabilitation Counselor).
DATE OF REFERRAL:	Enter the date that the case manager is completing the form.

DSB- 2205-A, Referral for Low Vision Evaluation

DSB-2205-B REPORT ON LOW VISION SCREENING

LOW VISION SCREENING:	NECC should indicate findings on visual acuity and any consumer complaints and/or comments. If NECC finds that consumer needs or requests a referral to a low vision specialist from which consumer may make a selection. Low vision aids recommended should be listed in order of priority with recommendations being limited to two (due to limited funds) unless there are extenuating circumstances. Additional aids suggested can be listed in SUMMARY.
SUMMARY:	The date of initial contact should be listed. This can be the date of first written contact by NECC which often explains that referral has been received and telephone contact by NECC will follow shortly for scheduling an appointment.

NOTES REGARDING
VISIT:

NECC should elaborate on the low vision evaluation, whether it appears consumer is a good candidate for low vision aids. The date of the evaluation as well as the NECC Signature should be completed.

FOLLOW-UP OF
EVALUATION:

NECC should document later contact with consumer to determine whether low vision aids have proved to be helpful. If further training is needed, then this should be indicated as well as NECC's plans to meet this need.

DSB-2205-B, Report on Low Vision Evaluation