Refraction Patient Consent Form

The information you provide will be held in the strictest confidence

A. Patient Information

Last name	First name	Middle name
Date of Birth (yyyy/mm/dd)	Home telephone no.	Work telephone no.
Apartment	Street number and name, or lot, concession, and township	
City	Province	Postal Code	Occupation:

B. Notice to all Patients - *please read the following carefully*

Important: A refraction is a quick, safe and accurate way for individuals to have their vision checked before purchasing new eyewear. A refraction, however, is not an eye health exam. While a refraction is very accurate at measuring an individual's visual clarity and determining the power of corrective lenses, it is not intended to identify underlying eye health problems that may affect vision that are more likely to be found during an eye health exam. Some medications have the potential to affect your eyes. Therefore, individuals with underlying health problems or eye-health risk factors need to have an eye health exam.

An ophthalmologist or optometrist, not an optician, conducts an eye health exam. We require you to have had an eye health examination conducted by a physician or optometrist in the past 365 days prior to the refraction test.

C. Patient History

Date of last complete eye exam:	Date of last medical exam:	Date of last Registered Optician Refraction:

Have you recently worn eyeglasses?	If yes, how are the eyeglasses used?	Do you wear contact lenses?
☐ Yes ☐ No	☐ Distance ☐ Near ☐ Both	☐ Yes ☐ No

If you experince any of the following symptoms relating to your eyes, please check the boxes that apply:

☐ Blurred while reading	☐ Itching	☐ Burning	☐ Sensitive to light
☐ Blurred a distance	☐ Headaches	☐ Red eyes	☐ Excessive blinking
☐ Double Vision	☐ Tearing	☐ Pain around eyes	☐ Squinting

☐ Other Problems: _____

Review by Registered Optician:

_____

_____

D. General Health and Eye Health

Please check all that apply:

☐ Pregnant	☐ High Blood Pressure	☐ Diabetes	☐ Glaucoma
☐ Cataracts	☐ Blindness	☐ Hypoglycaemia	☐ Cancer
☐ Arthritis	☐ Respiratory Problems	☐ Circulatory Problems	☐ AIDS / HIV +
☐ High Cholesterol	☐ Crossed or turned eye	☐ Lazy Eye	☐ Retinal Disorder
☐ Other Problems: _____		☐ Eye Injury	☐ Eye Surgery

E. Family History

Do any of your blood relatives have any of the above conditions? ☐ Yes ☐ No

If yes, please list which conditions: _____

_____

Review by Registered Optician: _____

_____

F. Review of Ocular Conditions

Direct consultation between Registered Optician and the patient:

1. Patient is either under 19 or over 65 years of age	☐ Yes	☐ No
2. Preliminary evaluation indicates poor eye health	☐ Yes	☐ No
3. Does the patient have a history of Glaucoma?	☐ Yes	☐ No
4. Does the patient have a family history of Glaucoma?	☐ Yes	☐ No
5. Does the patient have a history of Strabismus?	☐ Yes	☐ No
6. Does the patient have a family history of Strabismus?	☐ Yes	☐ No
7. Does the patient have a history of Diabetes?	☐ Yes	☐ No
8. Does the patient have a family history of Diabetes?	☐ Yes	☐ No
9. Does the patient require prismatic correction?	☐ Yes	☐ No
10. Does the patient have any visual anomalies?	☐ Yes	☐ No
11. Does the patient currently have cataracts?	☐ Yes	☐ No
12. Does the patient have a history of cataracts?	☐ Yes	☐ No
13. Does the patient have a family history of cataracts?	☐ Yes	☐ No
14. Does the patient have AMD*?	☐ Yes	☐ No
15. Does the patient have a history of AMD*?	☐ Yes	☐ No
16. Does the patient have a family history of AMD*?	☐ Yes	☐ No
17. Visual acuity correctable to 20/40 in each eye	☐ Yes	☐ No

**AMD = Age Related Macular Degeneration*

*If this review indicates a YES to any of questions 1 - 16, or NO to question 17, in the above, the patient **must** be immediately referred to an opthalmologist or optometrist for a complete eye examination.*

This consultation is solely intended to determine your suitability to receive a vision test for the purpose of obtaining corrective lenses by a Registered Optician. Please note that a vision test *does not* diagnose the health of your eye .

Referral appointment with Dr. _____ on _____ at _____

A REGISTERED OPTICIAN IS NOT A DOCTOR.

A Registered Optician is a regulated health professional who is trained to provide vision testing for the purpose of updating eyeglass or contact lens prescriptions when the specific conditions reviewed above have all been met. This document is not a waiver but is intended to serve as a guidleline to which the Refracting Optician can refer when determining a patient's suitability to receive a vision test.

Patient Signature: _____ Registered Optician Signature: _____

Date: _____ Date: _____

How To Tell the Difference Between a Registered Optician, an Optometrist and an Opthalmologist

Registered Optician: A Registered Optician is not a doctor. A Refracting Optician is a health professional who is able to provide vision testing for the purposes of updating eyeglass or contact lens prescriptions when the specific conditions reviewd in this form have all been met. A Registered Optician can fit and dispense corrective eyeglasses, contact lenses and subnormal vision devices.

Optometrist: An Optometrist is a Doctor of Optometry. An Optometrist is able to diagnose eye health, provide some treatment, prescribe some medications, write optical prescriptions and dispense eyeglasses and contact lenses.

Opthalmologist: An Opthalmologist is a medical doctor who specializes in eye health. An Ophtalmologist is able to diagnose all eye health problems and many other general health concerns, provide treatment and prescribe medication, perform surgery when necessary and write optical prescriptions. Opthalmologists generally do not dispense eyeglasses and only occasionally dispense contact lenses.

The College understands the importance of protecting personal information. The personal information collected on this form will be used by the College for the sole purpose sof regulating the profession of Opticianry in the interest of the public.

To confirm that you have read and comprehend the foregoing, please take another minute and answer the following question:

A refraction conducted by an optician is equal to a full ocular visual examination ☐ Yes ☐ No