Eschenbach Low Vision Training Program

Module 1: Low Vision Patient History

Edited by:
Thomas Porter, OD
Asst. Professor & Director
Low Vision Service
St. Louis University, Dept. of Ophthalmology
The Seven Steps to Dispensing Low Vision Aids®

1. Make sure the patient is under the current care of an eye doctor
2. Identify the patient’s visual goals
3. Determine the magnification required
4. Determine the impact of illumination
5. Select the appropriate vision aids
6. Train the patient in the use and care of the chosen vision aid
7. Schedule a follow-up visit
First Things First

Before the first visit . . .

- Develop a LV office introduction letter
- Include a short overview of LV care
Low Vision Introduction Flyer / Letter

What is Low Vision?
Having Low Vision basically means being visually impaired and it usually refers to a visual condition that cannot be corrected by conventional eyeglasses or contact lenses. A variety of disorders that affect the eye (many age-related) can cause an individual to become visually impaired and these include: Macular Degeneration, Diabetic Retinopathy, Glaucoma and Retinitis Pigmentosa.

Is Low Vision common?
Yes! Having Low Vision is actually the third most commonly occurring physical impairment in those over 65, exceeded only by heart disease and arthritis. Many who are visually impaired have found help with their vision problem through Low Vision Care.

What is Low Vision Care?
Low Vision Care is the evaluation and management of those that are visually impaired by eyecare and rehab professionals. The goal of the care is to help those with low vision to overcome the handicapping effects of their visual impairment. Based on individual lifestyle needs, solutions will be sought to help each patient achieve their visual goals. This may include the recommendation of products known as Low Vision Aids.

What are Low Vision Aids?
Low Vision Aids (or simply Vision Aids) are special lens systems designed to magnify or illuminate images to improve visual acuity. Vision Aids may take the form of optical products such as magnifiers, telescopes, high-powered spectacles, absorptive filters or electronic devices (CCTV’s).

In addition, there are a number of non-optical Vision Aids and these include large-print reading materials, writing and signature guides, and computer enhancing programs among others.

What can I expect from the Low Vision Care I receive?
Typically, Low Vision Care is an ongoing service in which eyecare and rehab professionals work with the visually impaired over time to
Before the first visit . . .

- Instruct the patient to bring all current LV aids whether helpful or not to the first visit

- Include a questionnaire to help form visual goals and provide you with additional insight regarding visual loss
First Things First . . .

**PATIENT QUESTIONNAIRE**

NAME: __________________________ TELEPHONE: ___________

To prepare for your appointment, please answer the following questions:

1. Please think about different vision tasks that you find difficult and list them below. You might wish to treat this like a diary and when ever you have a problem, then write it down. Take a minute to think about where these tasks take place and what type of lighting is available in that location. The day before your appointment, please prioritize the tasks below in order of their importance.

<table>
<thead>
<tr>
<th>VISION TASK</th>
<th>LOCATION/ROOM</th>
<th>LIGHTING</th>
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2. Does sunlight bother your eyes?  
   YES  NO
   If you wear sunglasses, please bring them.

3. Do you wear eyeglasses?  
   YES  NO
   If yes, please bring your newest ones in for your appointment.

4. Are you using any magnifying vision aids?  
   YES  NO
   If yes, please bring them for your appointment.

**PLEASE BRING THIS QUESTIONNAIRE WITH YOU TO THE APPOINTMENT**

Jan 01
Before the first visit . . .

- Include a “review of systems” checklist

### Extended Medical History

**Patient Name**: 
**Date**: 
**MR#**: 

1. Do you presently have or have had any of the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Blurred or distorted vision</td>
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<tr>
<td>Double vision</td>
<td></td>
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<tr>
<td>Crossed eyes</td>
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<tr>
<td>Amblyopia or “Lazy Eye”</td>
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<td>Sudden change/Loss of vision</td>
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2. Have you had any of the following conditions within the past 3 months?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Anemia</td>
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<td>Arthritis</td>
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<td>Chronic Infections</td>
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<td>(hepatitis, AIDS, etc.)</td>
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<td>Diarrhea</td>
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<td>Fever</td>
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<td>Heart Attack</td>
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<td>Joint Pain</td>
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<td>Nausea or Vomiting</td>
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<td>Persistent Cough</td>
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<td>Rash</td>
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<td>Shortness of Breath</td>
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<td>Thyroid Problem</td>
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<td>Angina/Chest pain</td>
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<td></td>
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<td>Bloody or Black stools</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Fatigue</td>
<td></td>
<td></td>
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<tr>
<td>Headache – severe or frequent</td>
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<tr>
<td>High Blood Pressure</td>
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<td>Muscle Weakness</td>
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<td>Painful Urtication</td>
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<td>Radiation Treatment</td>
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<td>Respiratory Infection</td>
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<td>Stroke</td>
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<tr>
<td>Visual Loss/Night Blindness</td>
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If you answered “Yes” to any of the choices in 1 or 2, please explain:

__________________________________________________________________________

__________________________________________________________________________

3. Do you smoke? 
   - Yes 
   - No 
   - How much & how long? __________

4. Do you drink alcohol? 
   - Yes 
   - No 
   - How much? __________

5. Please list any previous eye or other surgery you have had. __________

**Physician notes:** __________

**M.D. Signature/Date:** __________
Additional Considerations

Before the first visit

- Consider a “telephone triage” before the first visit
- This technique offers tremendous benefits to all
  - Helps establish realistic visual goals
  - Helps answer some basic questions both you and the patient may have
  - Helps establish a cost/financial framework for the patient
The Patient History

Introduction

- Medical Hx provides helpful information about the reason for vision loss and specific visual characteristics of the remaining vision
- LV history is meant to complement your traditional medical Hx
- LV Hx provides information that will help solve the functional problems of the patient
Extended Medical History

Patient Name ___________________________ Date ____________ MR# ____________

1. Do you presently have or have had any of the following conditions:

- Blurred or distorted vision [ ] Yes [ ] No
- Double vision [ ] Yes [ ] No
- Crossed eyes [ ] Yes [ ] No
- Amblyopia or “Lazy Eye” [ ] Yes [ ] No
- Sudden change/Loss of vision [ ] Yes [ ] No

2. Have you had any of the following conditions within the past 3 months:

   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No
   □ Yes □ No

   Anemia □ Yes □ No
   Arthritis □ Yes □ No
   Chronic Infections (hepatitis, AIDS, etc.) □ Yes □ No
   Diarrhea □ Yes □ No
   Fever □ Yes □ No
   Heart Attack □ Yes □ No
   Joint Pain □ Yes □ No
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   High Blood Pressure □ Yes □ No
   Muscle weakness □ Yes □ No
   Painful Urrination □ Yes □ No
   Radiation Treatment □ Yes □ No
   Respiratory Infection □ Yes □ No
   Stroke □ Yes □ No
   Visual Loss/Night Blindness □ Yes □ No

If you answered “Yes” to any of the choices in 1 or 2, please explain:

__________________________________________________________________________
__________________________________________________________________________

3. Do you smoke?  [ ] Yes  [ ] No  How much & how long: ________________

4. Do you drink alcohol? [ ] Yes [ ] No  How much: ________________

5. Please list any previous eye or other surgery you have had: ________________

Physician notes: __________________________________________________________

M.D. Signature/Date: ____________________________
Direct Observation

- In the reception area, does the patient fill out their own intake forms? Do they read materials while waiting?
- Is the patient able to ambulate and navigate unassisted in your office?
- Is the patient unaccompanied? If not, what are the dynamics between the patient and family member?
- Other considerations: Head tilt? Posture?
Additional Considerations

- LV Hx can provide additional important insight into LV management challenges
- What are the motivational factors?
  - Social factors? (Caregiver, independent, etc.)
- Are there cognitive issues?
- What is the emotional status?
- Other challenges?
Visual Goals

Specific ‘Measurable’ Goals Are Critical

- Goals must be specific and realistic, such as “I want to read my utility bills”. Not, “I want to see better”.

- From the visual goals, learn about specific activities such as type of reading tasks, meal preparation, television, driving, hygiene, shopping.
**Visual Goals Form**

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   YES   NO

PLEASE BRING THIS QUESTIONNAIRE WITH YOU TO THE APPOINTMENT  
Jan 01
Visual Goals

- Use open-ended questioning: “Tell me how your vision loss has affected your everyday life?”

- Use close-ended questions: “Are you still able to read your mail and medicine bottle labels?”
Goal Priority and Summary

- Visual goals should be prioritized by the patient
- Visual goals should then be broken down by the duration of the task as well as the working distance specific to a given task
- Finally, the history information and goals should be restated to the patient in summary form. “Mrs. Jones, from what you’ve told me you are unable to read your mail and this is your number one goal.”
Additional Considerations

Staffing

- Who currently takes the history in the office?
- Often the details of the history are gathered by technical level personnel
- The examiner should ask specific questions to help set the direction of the evaluation
- The examiner should also do the summary or repeat the summary statement.
Unique Documentation

- LV care is somewhat like rehabilitation medicine and therefore has some unique documentation requirements
- Document the face-to-face time spent with the patient
- Estimate and document the amount of time spent in patient counseling and education
- Document if the vision loss is impacting the patient’s level of independence and safety
Unique Documentation

- Get in the habit of writing a short “impression and Tx plan” that includes an opinion statement: “It is my opinion that LV aids and visual rehabilitation are appropriate and will help improve the level of independence and safety ……….”

- Use the term “requesting” rather than “referring” when a patient is sent to you. This is important if you plan on using consulting codes in billing.
Chart Notes and Visit Summary

Date: Dr. in: Dr. out:

Patient:
MR#: D.O.B.:
Requesting Dr.:

Dx and History: Patient has a history of vision loss secondary to. Due to this irreversible vision loss there is great concern regarding loss of independence and safety. It is my understanding that it has been months since continuous text equal to newspaper type has been an achievable visual task. Among the visual goals mentioned were tasks the involved reading at a level needed for independence. A careful review of systems indicates a past medical history remarkable for.

Reason for Consult: Safety and independence issues

VA with Correction: OD: OS: Near Acuity: (Snellen equivalent)

Low Vision Aids or Manifest Refraction: No change. LV optical aids as recorded in the written record.

Patient Education, Discussion and Counseling: We had a lengthy discussion regarding irreversible vision loss, risk of total blindness, loss of independence and safety. Every effort was made to answer additional specific questions regarding options outside of LV services. ADL, OM, low vision aids and the individual prognosis were also discussed. I stressed the importance of patient involvement in the rehabilitation process, the risks and benefits of LV intervention and the patient’s emotional well being as it relates to irreversible vision loss.

Impression and Tx Plan: Vision loss is secondary to. Independence and safety is compromised due to irreversible vision loss. It is my opinion that this patient will benefit from an individualized visual rehabilitation plan and low vision aids.

Should the patient or the referring doctor request, we will provide the low vision services and have the patient return so we can begin those services which the referring physician may not be fully familiar with or not equipped to provide in the area of comprehensive low vision rehabilitation services.

Dictate a consultation report to the referring doctor and a chart note summary of this visit for the permanent record.

Approx. % of visit devoted to Pt education and counseling: %

Low Vision Practitioner
Summary

- The low vision history helps define where a patient is, where they want to go, and how you will get them there.
- The low vision history is a new skill set that combines both information gathering and patient education.
- The low vision history sets the stage for the examination and ultimately the dispensing of LV aids.
Questions?
Thank You!