



## Visual assessments for prospective QAC students

Please fill this form in as completely as you possibly can.

First Name .....

Family Name .....

Home address .....

.....

.....

Date of Birth .....

Name of eye condition .....

Are you registered      Blind / Severely Sight Impaired      .....     

   Partially Sighted / Sight Impaired      .....     

Please tell us if you have any other medical conditions:

.....

.....

.....

Do you still have appointments at an Eye Hospital or Eye Clinic?      Yes   
No

If Yes, please tell us the following:

Name of the Eye Hospital or Clinic.....

Address .....

.....

.....

Name of the consultant who is treating you.....

When was your last appointment at the Eye Hospital/Eye Clinic?  
.....

When is your next appointment at the Eye Hospital/Eye Clinic?  
.....

Have you had any surgery on your eyes?      Yes       No

If yes, what surgery was it? .....

When did you have this surgery? .....

If you are no longer under the care of an eye clinic, when were you discharged?  
.....

Do you visit your own optician?

Yes

No

If Yes, please tell us the following:

Name of the optician who last tested your eyes .....

Address .....

.....

.....

When was your last appointment at the optician's? .....

When is your next appointment due? .....

Have you ever had a low vision assessment?

Yes

No

If Yes, please tell us the following:

Name of clinic / hospital / school

.....

Address

.....

.....

.....

Date of last low vision assessment

.....

What is the name and address of your GP?

Name .....

Address .....  
.....  
.....

**Important Information:**

**Please remember to bring the items listed below to your appointment:**

- A copy of your latest spectacle prescription, if you have one
- All your current spectacles, even if you do not usually wear them
- All your current magnifiers and portable low vision devices
- A list of your current medication

Date.....

Signature.....

Thank you for your co-operation.