

# Client Notice- Automated Refraction (Sight Testing)

Date: \_\_\_\_\_  
MM/DD/YYYY

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Province Postal Code

Phone Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Do you presently wear eyeglasses or contact lenses?  Yes  No

Date of last eye examination \_\_\_\_\_  
MM/DD/YYYY

Date of Birth \_\_\_\_\_  
MM/DD/YYYY

## Please Note:

- A sight test ( refraction) is performed by an optician to determine your prescription
- If corrective lenses are needed, the sight test will provide the information required to dispense your eyewear.
- A sight test is not a medical examination and will not determine the presence of eye disease. Your optician can advise you on the recommended frequency of eye exams for healthy adults.

If you check 'yes' to any of the conditions below, the optician may refer you to a physician or optometrist for an eye health exam – (please check those that apply)...

- |  |  |
|--|--|
| <input type="checkbox"/> Recent head or eye injury                   | <input type="checkbox"/> High blood pressure           |
| <input type="checkbox"/> Diabetes                                    | <input type="checkbox"/> Macular Degeneration          |
| <input type="checkbox"/> Glaucoma including immediate family history | <input type="checkbox"/> Retinal detachment            |
| <input type="checkbox"/> Double vision                               | <input type="checkbox"/> Sudden increase in 'floaters' |
| <input type="checkbox"/> Corrective lenses containing prism          | <input type="checkbox"/> Blind spots                   |
| <input type="checkbox"/> Flashes of light                            | <input type="checkbox"/> Other eye disease _____       |

## CLIENT:

I have read and understand all of the information contained in this Notice. I authorize the release of the information pertaining to this form.

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## OPTICIAN:

I have reviewed the information recorded on this Notice.

Optician's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY