



InfantSEE® Clinical Assessment Reporting Form

http://exam.infantsee.org

Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (in Months): \_\_\_\_\_

Patient City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth History: Born Premature?  Yes  No If yes: born at how many weeks premature \_\_\_\_\_

Delivery Complications: \_\_\_\_\_

Ethnic Origin:  Hispanic  Caucasian  African American  Native American  Asian  Other

Insurance:  Yes  No If yes:  Private  CHIP  Medicaid  Other, specify \_\_\_\_\_

How did you find out about InfantSEE®?

- Current Patient  Radio  Parenting Classes
 Friend/Family  Internet  Other, specify \_\_\_\_\_
 Mail  Newspaper
 TV  Primary Health Provider

Yearly Household Income:

- Less than \$20,000  \$40,000-\$59,999  \$80,000-\$99,999
 \$20,000-\$39,999  \$60,000-\$79,999  More than \$100,000

Medical History \_\_\_\_\_

ASSESSMENT

Ocular Motility  No Concern Concern \_\_\_\_\_
Problem \_\_\_\_\_

Binocularity  No Concern Concern \_\_\_\_\_
Problem \_\_\_\_\_

Refractive Status  No Concern Concern \_\_\_\_\_
Problem \_\_\_\_\_

Visual Acuity  No Concern Concern \_\_\_\_\_
Problem \_\_\_\_\_

Ocular Health  No Concern Problem \_\_\_\_\_

Dilation  Yes  No

Plan  No Concerns

Concerns and in need of follow up care in \_\_\_\_\_ months or \_\_\_\_\_ weeks

Referral to: \_\_\_\_\_

Recommended follow-up: \_\_\_\_\_ years of age

Table with 4 columns: OD Name/AOA Number, State, Zip Code, Date

If unable to enter online, mail to: 243 N. Lindbergh Blvd., St. Louis, MO 63141 or fax to: (314) 991-4101
For questions Call: (800) 365-2219, ext. 4286 or write to: infantsee@aoa.org



### **Ocular Motility**

- No Concern – ability to look at the target, follow and maintain for a brief period or until something else captures the attention
- Concern – Reduced ability to gain visual attention in the primary position
- Problem - Any limitation of movement in the cardinal meridian

### **Binocularity (Cover Test Data)**

- No Concern – stereo response on gross targets
- Concern – no response on stereo targets
- Problem – obvious or subtle strabismus

### **Refractive Status**

#### **1. Hyperopia**

- No Concern – Less than +3.50 - discuss risk, what to watch for, and usually seen at age 3
- Concern – Between +3.50 and +5.00 - definite need to follow up within 6 to 12 months
- Problem – Over +5.00 - establish patient in an optometric office

#### **2. Myopia**

- No Concern - Less than -1.00 - discuss risk, what to watch for, and usually seen at age 3
- Concern – Slightly over -1.00 definite need to follow up within 6 to 12 months
- Problem – Well over -1.00 - establish patient in an optometric office

#### **3. Astigmatism**

- No Concern – Less than 2.00 - discuss risk, what to watch for, and usually seen at age 3
- Concern – 2.00 to 3.00 - Definite need to follow up within 6 to 12 months
- Problem – 3.00 – over 3.00 - Establish patient in an optometric office

#### **4. Anisometropia**

- No Concern – Less than 1.00 - discuss risk, what to watch for, and usually seen at age 3
- Concern – Between 1.00 and 2.00 - definite need to follow up within 6 to 12 months
- Problem – Over 2.00 - establish patient in an optometric office

### **Visual Acuity**

- No Concern
- Concern – Reduced ability to look/fixate
- Problem – Fixation preference for one eye or Failed Visual Acuity test

### **Ocular Health**

- No Concern
- Problem – any noted anomaly