

# EYE SPECIALIST REPORT

**Complete for all children with eye conditions under the age of 3 years**

*Attention: Eye care specialist*

*Your thoroughness in completing this report is essential to helping us determine eligibility and to assist us in planning an appropriate intervention program for this child. Thank you.*

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

**Pertinent Medical Information:** (e.g., age of onset, eye diseases, injuries, surgery) \_\_\_\_\_

**Diagnosis** (if ROP, specify zone and stage): \_\_\_\_\_

**Is there suspicion of a possible progressive eye condition?** \_\_\_\_\_

Check all that apply

	Appears normal	Possible problem - re-evaluate	Problem has been confirmed	Cannot diagnose at this time
<b>Visual Acuity:</b>				
Child has bilateral lack of fix and follow (age 3-36 months)				
*Child has an <i>approximate</i> visual acuity of 20/70 or less in the better eye after best possible correction				
<b>Visual Field:</b>				
Constricted peripheral field that could interfere with daily mobility or activities				
*Bilateral central scotoma involving the perimacular area (<20/80)				
<b>Muscle Function:</b>				
Strabismus requiring patching with <i>approximate</i> visual acuity of 20/70 or less in the unpatched eye after best possible correction				
<b>Neurological Vision Impairment:</b>				
Evidence of Cortical Visual Impairment (functional vision will be assessed by an appropriately trained educator)				

\*required for school age eligibility at age 3-6 years

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Management Recommendations:**  
(e.g., surgery, glasses, return schedule)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

--	--

RIGHT EYE

LEFT EYE

Please fax to #: \_\_\_\_\_

Attn: \_\_\_\_\_

**Early Steps Intervention Program**

Early Steps contact information can be found at:  
<http://www.cms-kids.com/ContactUs/EIPdir.pdf>