



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®?

- | | | |
|--|--|---|
| <input type="checkbox"/> Current Patient | <input type="checkbox"/> Radio | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Internet | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Newspaper | |
| <input type="checkbox"/> TV | <input type="checkbox"/> Primary Health Provider | |

Yearly Household Income:

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$40,000-\$59,999 | <input type="checkbox"/> \$80,000-\$99,999 |
| <input type="checkbox"/> \$20,000-\$39,999 | <input type="checkbox"/> \$60,000-\$79,999 | <input type="checkbox"/> 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

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