



# Vision Passport



## Vision Passport

**Please fill in my Vision Passport and share it with those who support me. It will help you understand me and how you should support me**

### Part 1

My name is

Please call me

This profile was written with me on  (date)

Please review this profile with me after 6 months  (planned date)

**About My Eye Tests – everyone should have an eye test every 2 years or more often**

My most recent eye test was on  (date)

My next eye test is due on  (date)

For results of my last eye test please read my “Feedback from the Optometrist” form

**The results of my eye test**

**Feedback from my optometrist**

Version 1 - June 2012

**Using this form** - There are two ways of filling in this form:

- It can be printed off and written on.
- It is a pdf that can be filled in and saved on computer using Adobe Acrobat reader.

To find it online go to: [www.lookupinfo.org/forms\\_booklets/default.aspx](http://www.lookupinfo.org/forms_booklets/default.aspx)

**I need my optometrist (optician) to fill in this form.**

It will help me and my supporters to understand my eye sight and the health of my eyes.

This form includes my prescription (GOS 2).

This form should be kept in my health action plan.

**Section 1 - Details of me and my optician**

My name:

My Optician's name and address:

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## About Glasses – 6 out of 10 people with learning disabilities need to wear glasses

I wear glasses Yes ☐ No ☐

I have a pair of glasses for looking at things near to me Yes ☐ No ☐

I have a pair of glasses for looking at things further away from me. Yes ☐ No ☐

I have a pair of glasses for looking at things both near and far away. Yes ☐ No ☐

## About My Vision – People with Learning Disabilities are 10 Times More Likely than Others to have Serious Sight Problems

I have sight loss. Yes ☐ No ☐

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### If you have sight loss complete Part 2:

#### Part 2

My sight loss is caused by

It affects my vision in the following ways

Please help me to use my vision by

I have had sight loss since I was

(age)

### **When you want my attention (communication)**

I prefer you to say hello by

If I want to finish an activity or say  
goodbye, I will

When I want your attention I will

Sometimes I can find it difficult to hear clearly.

Yes ☐

No ☐

Please help me to use my hearing  
by

### **Things that help me:**

I have my belongings arranged so I can find them. Here are some of the most important things I want to have kept in the same place:

This is the equipment I use and what I use it for

## Some things I do not like

Environments / situations that I find difficult / stressful

I don't like it when

If I am not happy with something that is happening I may

## Finding my way around

I can find my way around the following places on my own

You can help me to do this by

I need your help when we go to

I like you to do the following things when you are being my sighted guide

When I am being guided, I can get anxious or upset when

You can find out more about how to support me in these documents



**www.seeability.org** Have a look at the **My eye care** section of our website