

## Client Notice – Automated Refraction (Sight Testing)

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**THE PROCEDURE YOU ARE ABOUT TO HAVE IS AN AUTOMATED REFRACTION, NOT AN EYE HEALTH EXAMINATION.**

It is important for you to understand the differences between an automated refraction – also called an automated sight test – and an eye health examination.

**An automated refraction/sight test does not detect medical conditions that may affect your eyesight and overall health. It cannot tell if your eyes are healthy, or if you have any underlying problems that could affect your vision or health. Automated refractions/sight tests are limited to measuring how well your eyes focus.**

An automated refraction/sight test only determines the accuracy of your vision. It checks the ability of your eyes to focus. It does not check how healthy your eyes are or whether you have any kind of illness. Eye health examinations, which are performed only by optometrists and ophthalmologists, are meant to detect health conditions and illnesses that can harm you. An eye health examination does include a sight test, but an automated refraction/sight test does not include an eye health examination. Eye health examinations can detect eye diseases and disorders such as glaucoma or cataracts and symptoms of diabetes. An automated refraction/sight test cannot detect these or any other serious medical problems.

Only an “eye doctor” – an ophthalmologist (a medical doctor specializing in eye health) or an optometrist – can perform an eye health examination. The optician who will conduct your automated refraction/sight test cannot and will not perform an eye health examination.

**YOU NEED TO HAVE REGULAR EYE HEALTH EXAMINATIONS. YOU MIGHT NOT KNOW YOU HAVE AN EYE HEALTH PROBLEM.**

It is important to have regular eye health examinations. They are an essential part of your overall health care throughout your life. An eye health examination is a medical examination of your eyes. It can determine if your eyes are healthy, and if you have other underlying conditions and illnesses that may affect your vision and health.

**An automated refraction/sight test is not a substitute for a regular eye health examination. Because eye health conditions or other illnesses will not be found through an automated refraction/sight test, it is important that you have regular eye health examinations.**

Regular eye health examinations give your optometrist or ophthalmologist a chance to help you correct or adapt to vision changes. An eye health examination is the best way to protect your vision because it can detect eye problems at their earliest stages – when they are most treatable. Many eye health diseases and disorders can be present without you noticing any symptoms, and some can start and develop quickly. Some medical and optometric professional associations recommend specific intervals between eye health examinations. However, the risk of developing an eye health problem varies greatly from person to person. Therefore, the desired frequency of eye health examinations also varies from person to person.

Your family doctor or optometrist can advise you on how often you need to have an eye health examination. Your optician or your family doctor can arrange for you to have an eye health examination by an optometrist or ophthalmologist.

## **UNTREATED EYE DISEASES AND DISORDERS MAY CAUSE PERMANENT VISION LOSS OR BLINDNESS.**

Cataracts, diabetes, glaucoma, macular degeneration and retinal detachment are the leading causes of blindness. If undetected or untreated, these eye diseases and disorders can lead to serious health problems and can greatly affect your ability to work, drive a car and enjoy other normal activities of daily life. An automated refraction/sight test cannot detect these medical problems. The symptoms listed below are potential indications of a serious health problem. If you have any of these symptoms, consult your family physician or another healthcare provider immediately.

### **Cataracts**

A cataract is a painless, cloudy area in the lens of the eye. A cataract blocks light from reaching the retina and may cause vision problems. Symptoms may include: **cloudy, fuzzy, or foggy vision** and **glare** from lamps or the sun; difficulty driving at night because of **severe glare** produced by headlights; **frequent changes** to your eyeglasses prescription; **double vision** in one eye; or **second sight** (a temporary improvement in near vision in farsighted people).

### **Diabetes**

Many people with diabetes develop a problem with their eyes called **diabetic retinopathy**. Diabetes damages the small blood vessels in the retina. Diabetic retinopathy can lead to poor vision and even blindness. Symptoms of diabetes may include: frequent urination; extreme thirst; increased hunger; unusual weight loss; **blurred vision**; drowsiness; or extreme fatigue.

### **Glaucoma**

Glaucoma is a group of eye diseases in which damage to the nerve located in the back of the eye results in loss of eyesight. If glaucoma is not treated, vision loss may continue, leading to total blindness over time. Symptoms may include: vision loss – side (peripheral) vision is usually lost before central vision; **sudden, severe blurring of vision; severe pain in or around the eye; coloured halos around lights; eye redness**; or nausea and vomiting.

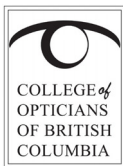
### **Macular Degeneration**

Macular degeneration is an eye disease that destroys central vision by damaging a part of the retina called the macula. Side (peripheral) vision is not affected, and many people function well in spite of losing their central vision, although walking, reading, and other activities that require central vision are more difficult. Symptoms may include: **dim** or **more blurry** central vision; a **blank** or **blind spot**; objects may appear **distorted** or **smaller** than they really are; or **trouble** with tasks like reading or driving.

### **Retinal Detachment**

Retinal detachment occurs when the two layers of the retina become separated from each other and from the wall of the eye. Retinal detachment may occur without warning. Symptoms may include: a **shadow** or **curtain effect** across part of your visual field that does not go away; **new** and **sudden vision loss**; **loss of side (peripheral) vision**; **floaters** in your field of vision; or **flashes of light** or **sparks** when you move your eyes or head.

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## Client Notice – Automated Refraction (Sight Testing)

**Client Name:** \_\_\_\_\_  
First Middle Name/Initial(s) Last

**Address:** \_\_\_\_\_  
Street City Prov. Postal Code

**Birth Date:** \_\_\_\_\_ (MM/DD/YY) **Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Do you presently wear eyeglasses or contact lenses?** Yes  No

**Date of last eye examination by an ophthalmologist or optometrist:** \_\_\_\_\_

The risk of eye disease or disorder is higher for children, older adults and people who have certain health conditions or identifiable symptoms. You CANNOT have an automated refraction/sight test if any of the following apply to you. If any of the following apply to you, your optician will refer you to an ophthalmologist or optometrist for an eye health examination. You can also ask your optician to arrange the eye health examination for you.

**Please check ALL that apply.**

**Age:**  Under 19  65 or older

**I have a history of:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Recent head trauma | <input type="checkbox"/> Injury or pain occurring to or in the eye within the last three months |   |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Hypertension (high blood pressure)                                     | <input type="checkbox"/> Macular degeneration |
| <input type="checkbox"/> Glaucoma           | <input type="checkbox"/> Immediate family having glaucoma                                       | <input type="checkbox"/> Retinal detachment   |

**I am subject to:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> "Haloes"   | <input type="checkbox"/> Flashing light                      | <input type="checkbox"/> Dim vision                      |
| <input type="checkbox"/> Distorted vision   | <input type="checkbox"/> Very watery eyes                    | <input type="checkbox"/> Blind spots                     |
| <input type="checkbox"/> Sudden change in vision  | <input type="checkbox"/> Sudden increase in "floaters"       | <input type="checkbox"/> Swelling around one eye         |
| <input type="checkbox"/> Diplopia (double vision)   | <input type="checkbox"/> Corrective lenses containing prisms | <input type="checkbox"/> One pupil larger than the other |
| <input type="checkbox"/> Corrective lenses containing refractive power exceeding +/- 8 dioptres |  |  |

**IT IS RECOMMENDED THAT YOU HAVE A REGULAR EYE HEALTH EXAMINATION IN ADDITION TO THE AUTOMATED REFRACTION YOU ARE ABOUT TO HAVE.**

**Your optician or family doctor can arrange an eye health examination for you.**

**CLIENT:**

1. I am between 19 and 65 years of age.
2. I have had at least one eye health examination since the age of 19.
3. To the best of my knowledge, I am not subject to and do not have a history of ocular disease or any other condition specified above.
4. I understand that I am entitled to a copy of the assessment produced by the automated refraction/sight test.
5. I have read, and I understand, all the information contained in this Notice.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OPTICIAN:**

1. I have reviewed the information recorded on this Notice with the client.
2. I have provided a copy of this Notice to the client in a language the client understands.  
(if other than English, specify the language: \_\_\_\_\_)
3. The client does not present with any of the criteria that would disqualify him/her from having an automated refraction/sight test as set out in the required Professional Standards of Practice issued by the College of Opticians of British Columbia.

**Optician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_