



Clinical Reporting Form (Long)

Assessment Date: ___/___/___

FOR PATIENT FILE USE ONLY

Infant Name: _____ D.O.B.: ___/___/___ Age: ___ Months

Parent/Guardian: _____ Premature? Yes ___ No ___ If yes: how many weeks _____

Gender: Male Female Ethnic Origin: Hispanic Caucasian African American Native American Asian Other

Reason for Visit:

- Requested InfantSEE® Assessment
 Referred; reported problem: _____

How did you find out about InfantSEE®?

- Current patients Friend/family Mail / print ads TV
 Radio ads Internet Newspaper
 Primary health provider Parenting classes
 Other, specify _____

Visual Acuity: Fix & Follow Method: OD Y N OS Y N
Resistance to Occlusion: OD OS None
10 Vertical Prism Test: Pass Fail
OD _____ OS _____ OU _____ Teller Richman

Ocular Motility: Full Range of Motion (FROM) Motility Limitation: _____

Alignment / Binocular Potential:

Hirschberg: Aligned Misaligned _____
Cover Test: Normal Alignment Strabismus: _____
 Phoria: _____
Convergence Estimate: Normal Inadequate
10 Vertical Prism Test: Pass Fail
Brückner Equal reflexes Whiter and Brighter: R L

Refractive Status: Manifest OD _____ Additional OD _____
Retinoscopy OS _____ Retinoscopy OS _____

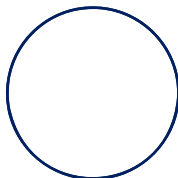
Mohindra Cycloplegic: Agent: _____

External/Anterior Segment Evaluation: Normal Problem Noted: _____

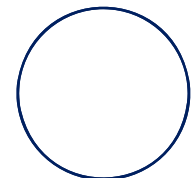
Visual Field Assessment: Full OU Full OD Full OS Problem Noted: _____

Pupil Evaluation: Normal Problem Noted: _____

Internal Assessment



CL Lens CL
CL Vitreous CL
Disc _____
Vessels _____
CL Macula CL
+ Foveal Reflex +
Peripheral Retina _____



dilated non-dilated

ASSESSMENT (Use InfantSEE® Clinical Assessment Criteria)

- 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 _____
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



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 / Looking Behavior

- 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