A Guide to Establishing A Low Vision Practice

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Introduction

Low vision rehabilitation is an area of optometry that is in great need of expansion. In 1994, there were approximately 10 million visually impaired people in the United States. The U.S. Census projects 15.7 million people will be partially and/or completely blind by the year 2050.

The process of low vision rehabilitation is far more than a single entity. Many individuals make up a team to fully assist the low vision patient. These include physicians, nurses, educators, blind rehabilitation teacher, counselors, orientation and mobility instructors, psychologists, social workers, care givers, public and private rehabilitation agencies, residential administrations, and family members. The optometrist must work in synergy with the whole team to provide the proper care to the patient.

The optometrist must diagnose, treat, and make the proper medical referrals. They must perform a complete analysis and evaluation of the visual system, assessing the ocular disease state and future visual abilities. Low vision devices are prescribed to enhance the visual performance. In addition, referrals are to be made to the proper low vision rehabilitation team member.

The following pages offer information to consider in establishing a low vision practice. In order to make the suggestions more complete, a survey addressing various aspects of low vision care was sent to all Low Vision Certified optometrists in the state of Michigan. Results of this survey are included.

Location

The determination of where to develop a low vision practice may be the most important determining factor of the success one will obtain. Such factors as the geographical area, population, age range of the community, and the number of established low vision practitioners must be considered.

Information about specific demographics can be obtained through the library, local college, the Chamber of Commerce, the Small Business Administration, health care associations, civic and charitable groups, and the state optometric association. U.S. Census, traffic pattern reports, economic trends, and planned construction are all important information offered by these sources.

The location of a low vision practice should provide easy access. This would include an easily identified building, with plenty of close parking and convenient entrances and exits to a safe and well-lighted area. In addition, public transportation should be easy to obtain.

Ergonomics

When designing a low vision office, great consideration must be given to the smallest of details. The simplest accommodations can make your patients have an increased sense of independence and confidence. In addition, relatives and friends will feel at ease while their loved ones are being examined. This section will deal with ways to accomplish the above and more.

As the patient first approaches your office, he or she should be greeted with a lighted, shoveled, smooth parking lot and sidewalk. There should be handicapped parking spots provided, along with a wheelchair ramp with a sturdy railing leading to the entrance. All doorways and aisles should be constructed wide enough for wheelchairs and for two people walking side by side. An automatic door may also prove helpful. If your office is not on the first floor, make sure there are large print signs with directions to your office. A talking elevator is ideal when traveling to higher floors.

The waiting room should offer comfortable, sturdy chairs with arms. There should also be room for wheelchairs and plenty of spaces for people accompanying the patient. There should not be throw rugs where a patient with impaired vision and/or poor balance may trip. Careful consideration should be taken to create contrast between the furniture and the floor. Glare and shadows should be at a minimum, with vertical blinds on the windows and proper room illumination. Positioning of the front desk should be such that it is easily seen as one enters the office.

Samples of large print reading materials such as *Reader's Digest* should be available. A moderately large television should display videos dealing with common eye

diseases and low vision rehabilitation. Large print playing card with a table to play on may be beneficial. Samples of low powered hand-held magnifiers should also be present for use in the waiting room or on display at the desk. An educational touch could be an area of various brochures. Finally, for those diabetics, snacks can be provided.

The exam room need not be any larger than a normal exam room. The exam chair should possess the ability to be pushed back to make room for the wheelchair. Again, enough room should be spared for an empty wheelchair, if necessary, and chairs provided for relatives.

A separate room should be dedicated for working with the low vision devices. All devices should be kept here for easy access and inventory. A sturdy table to work with the devices on should be present. In addition, an array of materials commonly worked with (e.g., newspaper, knitting supplies, screws ,etc.) should be near the work station. Pictures on the wall should be educational and provide test objects for the patient while working with the new low vision devices. A window would also provide an excellent look at real life situations with the new instrument.

Staff

Low vision patients can require a great deal of patience, assistance and understanding. All members of the staff should be fully aware of the special needs that may be asked of them. Staff members must possess the ability to be friendly, cooperative, and motivated to allow a low vision office to run smoothly.

Extra tasks for the staff running the front desk may be numerous. One may have to assist the patient in filling out paperwork and writing checks, with moving throughout the office, and may need to phone for transportation. These patients will also need extra time and help with selecting frames.

Staff should approach a patient with impaired vision by saying the patient's and their own name along with the greeting. If the patient is being transferred to the exam room, directions and physical support may be necessary. In addition, one should not leave the exam room without informing the patient.

To make the appointment run well, and so there is less confusion for the patient, certain instructions can be given over the phone when the appointment is made. The patient should be informed of the length of the exam and the possibility of follow-up appointments. A brief explanation of the exam process should be given, and the patient should be told to bring in any glasses and/or devices he or she may have. To make identification of low vision patients easier, polaroid photographs can be taken. This may make spotting that patient in the waiting room or as they enter the office easier.

A therapist can provide extensive active daily living training with the devices, along with emotional and psychological assistance. However, you need to have a

substantial patient load to have a therapist on staff. A technician could also be trained to handle some of the follow-up visits. They can handle the dispensing, instruction, and training of the devices with the patients. This is advantageous, since the optometrist may not possess the time that may be required to properly carry out these tasks. In addition, the technician can elaborate on the particular disease, discuss certain supportive organizations and give an overview on the disease progression and future options to deal with deteriorating vision.

If feasible, a visually impaired individual can be hired. This employee can work with patients and their devices or offer emotional support as a counselor. Having someone that can testify to his or her own similar experiences may be invaluable.

Scheduling

The entire construction of the scheduling format will largely depend on the needs of the practice and the low vision load. There may be specific days that will be preferred or certain times support staff are available. This section will supply some guidelines to keep in mind.

The number of days per week to be dedicated to low vision exams should be analyzed carefully. One should not over extend himself or the staff by applying too many days to low vision care. A less busy day should be the target. In the beginning, perhaps only one day a week or a month will be set aside and, as the practice grows, more days can be added.

Another point to consider is if the entire day, only half of the day, or a few hours will be set aside in the daily schedule for low vision care. You may need to consider if morning or afternoon will best suit your population. The exams can be very long and fatiguing. In addition, public transportation may be more reliable at different times of the day.

A walk-in policy should also be established. A low vision patient may be having an extremely frustrating time. Being turned away after finally seeking help may discourage them from seeking help again. If there is no opening that day, perhaps a technician or counselor can take a basic history and provide an explanation of the exam protocol. A future appointment date should be handed to the patient before he/she leaves the office.

Follow-up appointments need to be not only placed into the template, but the patient should also be informed of who will be working with them at the next visit. If the patient needs to work with the instructor, this can be done separately from the doctor's schedule. Coinciding these appointments with full low vision exams can, however, make the patients feel more comfortable by being near other people going through similar experiences. If the exam is a continuation of the initial exam, they can be worked into the normal low vision template.

The initial exam lasts an average of approximately sixty to ninety minutes. For the training sessions, the time period should run no longer than thirty to forty-five minutes. The scheduling staff should be made aware of the importance of the strictness of the time lots involved when it comes to these special patients. Low vision patients should not be made to wait long for their appointment because the exam itself is long and fatiguing.

Home or nursing home facility visits should also be considered. If there is a need in your community, it may provide additional exposure to the care you provide and to low vision in general. Perhaps more importantly, you may be able to reach people who otherwise would not receive such care. One Saturday or an evening per month can be considered to provide care outside your office.

Forms

Filling out or reading any paperwork related to the exam can be a nightmare for a visually impaired person. Your office can help alleviate possible stressful situations.

All materials should be typed in all capital letters and double spaced. Instructions should be written out for the patient in large letters with a black felt tip pen. If there is a sign in sheet, a black felt tip pen should be provided. The office staff should be aware that visually impaired patients may require extra time to complete forms and may even require assistance.

Various examples of forms used in low vision practices throughout Michigan are provided in Appendix A.

Inventory

The array of devices kept in office to demonstrate to patients is somewhat subjective. The following is a price list of commonly dispensed devices, along with a few miscellaneous items you may choose to demonstrate to patients.

B&L Packette	$ 5.25
B&L Folding Pocket(8D)	9.85
B&L 3X-7X Pocket	13.70
B&L 5X-20X Pocket	16.80
Hand-held Coil (8,12,20,28D @$35 each)	140.00
Eschenbach 4X Hand illuminated	22.70
Eschenbach 10X Hand illuminated	29.15
Coil 8D Stand	36.50
Coil 12D Stand	29.45
Coil 20D Stand	23.95
Coil 28D Stand	28.00
Eschenbach battery handle	18.15
Eschenbach halogen battery handle	22.95
Eschenbach halogen handle	89.95
Eschenbach heads(8,12,20,28D @$30 each)	120.00
ClearImage II trial set	1,695.00
Prismatic Half-eyes(4 pair @$40 each)	160.00
Peak Lupe(10X)	58.00
Unilens Diagnostic Set	210.00
Beecher Mirage (7X30 binocular)	280.00
Walters 4X12 hand held telescope	65.00
Walters 6X16 hand held telescope	65.00
Designs for Vision Trial Set	2660.00
NOIR Light Color Kit (6pc)	52.00
NOIR Dark Color Kit (6pc)	135.00
Corning trial kit	285.00
Solar Shields(10 pair @$4.50)	45.00
Big Eye Desk Lamp	43.95
Magna Rule	4.75
Check writing guides(25)	41.25
Letter writing guides (20)	55.00
TOTAL:	**$ 6,461.35**

A closed-circuit television is not included in the above total. A rough estimate to purchase a television is $2,500. Some companies may be willing to loan a closed-circuit television for demonstration use in your office.

The above total does not include storage units or display tables. One could choose to design his own display or storage system. Many companies also offer cabinets and displays designed specifically for their devices, usually at additional cost, however.

Driving Requirements

To most low vision patients, keeping their driver's license is a high priority. People believe that driving is their only means of true independence. Once one loses this privilege, they often feel they do not have a reason to live. Also keep in mind that driving can be a necessity to maintaining employment. Not all cities have adequate mass transit, which is especially true in metropolitan areas of Michigan. In this section, the requirements of the state of Michigan and of other states will be discussed.

In Michigan, and most states, two requirements must be met for full driving privileges. First, the visual acuity in the best corrected eye has to be 20/50 or better. Second, one's peripheral vision is to be 140 degrees to and including 110 degrees. Additional guidelines can be met for a more restricted license. A Vision Specialist Statement of Examination (see Appendix B, Form 1) can be obtained from the Michigan Department of State that will further detail visual requirements.

The American Optometric Association outlines two types of driver's licenses that may be obtained by the visually impaired. This is a national description in which specific criteria may vary from state to state. The first would be a restricted license in which the person would have a visual acuity of 10/40 to 20/120 in the better eye. A minimum binocular field requirement may also be instated. The license may be restricted in the manner that the person may drive only in the daytime, have a limited distance, limited purpose, etc. The second type would be a bioptic telescopic system license. In the twenty-nine states that allow the use of bioptic telescopes for driving, the specifications are not uniform. See Appendix B, Form 2 for a list of requirements for various states.

In utilizing a bioptic telescope for driving, there are a variety of limitations. The telescope must be placed in the upper portion of a carrier lens. The carrier lens must be made to the correct prescription with any tints incorporated into it. This system is to be used as a spotting apparatus, consuming approximately five percent of the viewing time. In addition, the driver shall have no serious color defects or large scotomas. A detailed driving test must be completed in order to prove the proper usage of the device. The individual must exhibit good mobility and dexterity, both physically and in the use of the bioptic system. After approval is obtained, the license must exhibit the words "Bioptic Telescope".

An applicant must complete a Driver Improvement Reexamination (see Appendix B, Form 3). If the person fails this examination, they will be referred to a rehabilitation agency (see Appendix B, Form 4) that is capable of providing drivers training. Once the driver has passed the program, he or she can take the driver's test.

An optometrist can fill out a Request for Reexamination form (see Appendix B, Form 5) if there is a question of competence of a patient. A list of required forms exists for one seeking approval for their drivers' license:

Physician's Statement of Examination
Waiver of Notice of Reexamination
Request for Reexamination
Statement of Vision Specialist
Other supporting documentation depending on patient's condition

Patient Resources

Aside from dealing with physical and emotional issues surrounding a visual impairment, low vision patients may also face financial concerns. The elderly make up much of the population seeking low vision care, and, as such, are eligible for Medicare. Since April 1987, doctors of optometry have been classified by Medicare as *physicians,* and so can be reimbursed for any authorized procedure permitted by their license. As a low vision practitioner, you can receive Medicare reimbursement for the optometric evaluation portion of the low vision service, much as other covered, medically necessary visits. Billing is through Medicare Part B. A distinction needs to be made in coding depending on whether or not the patient has been referred for a consultation, is an established patient (has been seen in your office within the past three years), or a new patient. The level of coding depends on three things: extent of history obtained, extent of examination performed, and complexity of medical decision making. You should contact your carrier to explore the specific CPT codes to use in billing. Coverage does not apply to low vision devices.

It is generally not very easy to be reimbursed from other third-party sources. Vision Service Plan (VSP) is one provider that does cover low vision services. VSP will reimburse providers $125.00 for a low vision evaluation. The remaining difference between the practitioner's fee and VSP's allowance cannot be charged to the patient. The practitioner then must submit a prior authorization form to VSP indicating the low vision devices prescribed and the cost of the devices. VSP will reimburse the provider 75% of

the material fees, up to a limit of $1,000. Follow-up and dispensing appointments can also be submitted on the prior authorization form, and reimbursed as such.

Many third party providers are unfamiliar with low vision services and you may have to educate them. To help insure reimbursement, write a letter describing what you have done for the patient, and point out the long-term cost savings that have resulted by helping the patient achieve a higher level of independence.

Besides third party assistance, patients may receive financial help from state agencies. One of these agencies is the Michigan Commission for the Blind. Patients must participate in Commission services and receive a referral from the Commission to a *certified* low vision provider. Once these steps are taken, the Commission for the Blind will provide financial help for low vision devices.

Local clubs and organizations(i.e. Lion's clubs) are often willing to help the visually impaired purchase devices. It is generally up to the patient to contact these sources. However, many practitioners will assist the patient in making these contacts, as the practitioner is often familiar with local organizations.

Numerous guides, directories, and manuals are available to help both the low vision specialist and the low vision patient. These booklets are filled with addresses for other organizations, doctors, services, financial assistance, and much more. The following is a list of some of the more complete booklets:

The Directory of Visually Impaired Services
The Visually Impaired Information Center, Inc.
PO Box 51207
Livonia, MI 48151-5207

Macular Degeneration International Resource Guide
268 West Ina Road #106
Tucson, AZ 85741
Phone: (520)797-2525
e-mail: Tperski@aol.com

Believing is Seeing: Hope for Victims of Macular Degeneration and Other Conditions that Cause Low Vision.
By Paul B. Freeman, O.D., with Robert Mendelson
Available from the Lighthouse Low Vision Products
1-800-829-0500

Vision Enhancement by Vision World Wide, Inc.
5707 Brockton Drive, #302
Indianapolis, IN 46220-5481
contact Pat Price, Editor

Prevent Blindness America's Eye Health and Safety Catalog
contact Laura Cameron at 1-800-331-2020

Guide to Toys for Children Who Are Blind or Visually Impaired
American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001
1-800-232-5463

Living With Vision Loss: Independence, Driving, and Low Vision Solutions
1-800-451-1923

Practitioner Certification Process

The Michigan Optometric Association has set requirements for low vision certification. The process of certification involves: 1) application, 2) clinical experience, 3) case reports, 4) interview , and 5) written, oral and clinical examination. There is no set time frame for the requirements to be completed, as the MOA considers the certification process to be self education.

Application. Applications can be obtained through the Michigan Optometric Association office. Applicants must be a licensed optometrist and a member of the Michigan and American Optometric Association. Information regarding educational background, clinical experiences, and office instrumentation is requested. A non-refundable processing fee of $50.00 is required (subsequent examination fee is $350.00).

Clinical Experience. Applicants can begin the certification process once they are a licensed optometrist. Certification is awarded upon completion of all other requirements *and* a minimum of three years clinical experience. The three years experience can be waived upon completion of an accredited postgraduate low vision residency program or a demonstrated equivalent experience in the field.

Case Reports. Eight typewritten case reports reflecting patients examined in post-graduate practice are required. A sample case report may be obtained by contacting the

chair of the Michigan Optometric Association Low Vision Committee. The applicant may submit a sample case report for critique prior to submission of the remaining reports.

Interview. After approval of the case reports, an interview is scheduled. The interview includes discussion relative to clinical experiences and case reports. Following the interview, the applicant may be recommended for completion of the certification process via examination at the Michigan College of Optometry at Ferris State University.

Examination. The approved applicant must complete a written, oral, and clinical examination administered by the Michigan College of Optometry at Ferris State University.

Upon successful completion of all requirements, diplomas of certification will be issued by the Michigan Optometric Association. Certification is valid for five years and subject to review by the certification committee. Continuance of certification depends on such things as contributions to the low vision field by treatment of low vision patients, attendance at Michigan Optometric Association Low Vision Committee meetings, teaching, publications, and other evidence of continued competency.

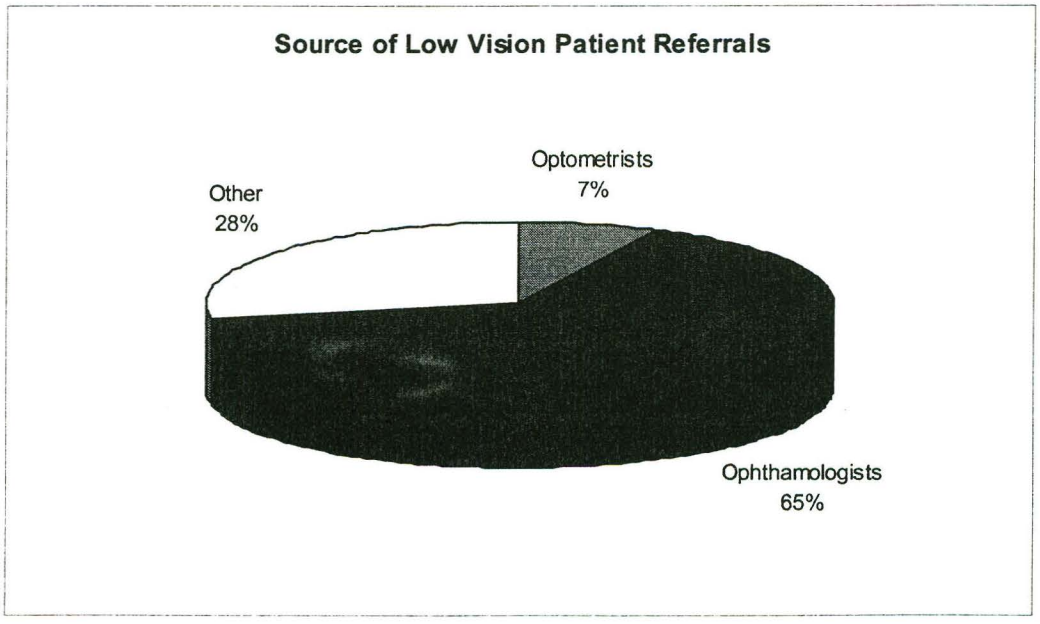
Survey of Michigan's Low Vision Providers

A questionnaire assessing various aspects of low vision providers and their practices was sent out to twenty-five Low Vision Certified optometrists in Michigan (see Appendix C). Of the twenty-five practitioners contacted, eleven responded to the survey.

The average number of primary care exams performed per month was 129. Three respondents indicated that up to five patients per month required low vision services. Four practitioners said that six to ten patients per month needed low vision services. Two respondents see eleven to twenty low vision patients per month. No responses were received in the 21-40 patients per month categories. Two respondents indicated seeing greater than 40 low vision patients per month.

Nine respondents (82%) indicated that less than twenty percent of their annual gross income is generated from low vision services. The other two respondents indicated 41-60% of annual gross income as being from low vision services.

Referral sources to the low vision providers break down as seven percent of all referrals being from fellow optometrists, 65% of all referrals are from ophthalmologists, and the remaining 28% are from "other" sources. Some of the specified "other" referral sources consisted of schools, the Commission for the Blind, relatives of current patients, and self-referrals generated through advertising.



Seventy-three percent (8 of 11) of respondents do not require a referral letter from the referring party.

Five of the eleven respondents (45%) do mail out a history form prior to seeing the patient.

In response to time allotted for an initial low vision evaluation, two of the eleven respondents indicated scheduling 45-60 minutes for the initial exam. Seven of eleven respondents (64%) schedule 60-90 minutes, and two respondents allot 90-120 minutes for an initial low vision evaluation. Sixty-four percent (7 of 11) of respondents indicated appointments for dispensing of low vision devices as 15-30 minutes. Two respondent indicated scheduling 30-45 minutes for dispensing of devices. Two respondents stated that the time allotted for dispensing appointments depended on the number of devices to be dispensed, and, therefore, did not respond to a specific time frame.

Six respondents (55%) indicated that they are the party primarily responsible for dispensing low vision devices. Three respondents delegate dispensing responsibilities to an assistant or technician. Two respondents noted that dispensing is often a cooperative effort between the O.D. and other office personnel.

Five respondents (45%) reported scheduling one to two visits with each patient before discharging the patient from their care, while six respondents averaged three to four visits with each patient.

Along with the low vision evaluation, nine respondents (82%) also provide optical services, seven respondents (64%) include health screening, and seven respondents perform a health evaluation that includes pupil dilation. Two respondent noted that a health evaluation is forgone in the event that a recent report from the referring physician is available.

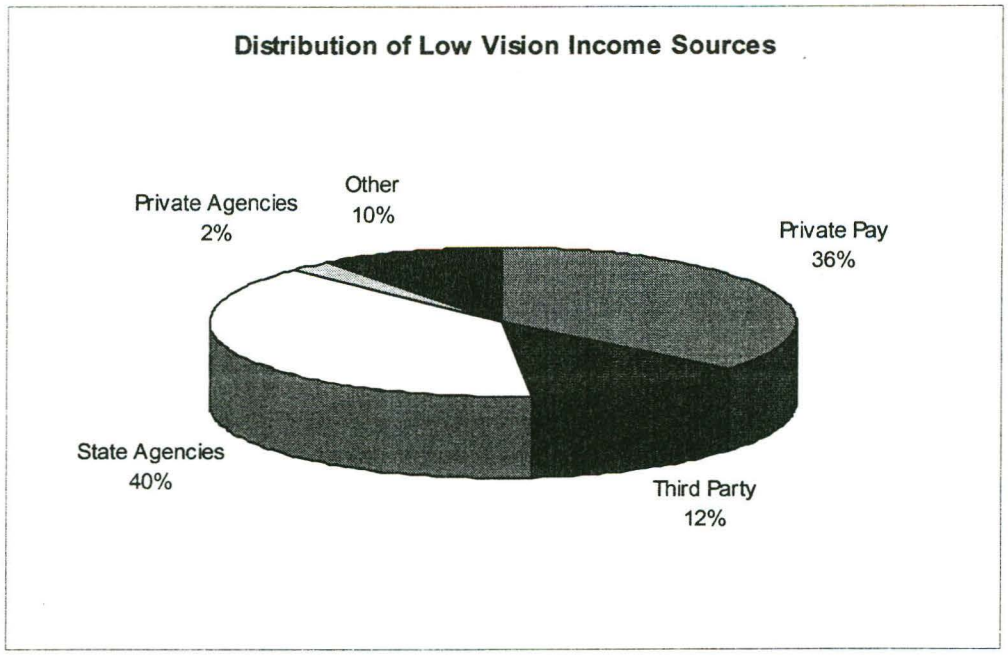
The average fee for a low vision evaluation was $161.33. The reported fees ranged from $120.00 to $200.00. One respondent indicated charging $70.00 per half hour, rather than a set fee. Two respondents did not reply. The method used to determine sale price of devices was divided as 56% (5 of 9) of respondents charging twice the acquisition cost and 44% of respondents charging 2.5 x's acquisition cost. Two respondents did not reply.

Seven respondents (64%) do provide low vision devices to patients to use on a trial basis. Of those who do lone devices, four of seven (57%) report less than ten percent of devices loaned being lost or damaged. Three respondents indicated a 10-30% lost or damaged rate. Four respondents indicated 25-50% of devices loaned being purchased after the trial period, while three respondents reported a 50-75% purchase rate.

Eighty-two percent (9 of 11) of respondents indicated having a closed-circuit television on site.

Services other than the low vision evaluation to be offered were: two respondents offer orientation and mobility training, four respondents offer daily living skills, three offer communication skills, three offer psychological counseling, two offer vocational rehabilitation, and two offer "other" services. The other services included peer groups and information about services such as talking books.

The largest source of overall income from low vision services was from state agencies, with an average of forty percent of income indicated. Thirty-six percent of low vision income was indicated as being from private pay, while twelve percent was from third party insurance, ten percent from other sources, and two percent from private agencies.



The most commonly utilized devices were:
(number in parenthesis indicates number of respondents)

Hand-held Magnifiers

1. Eschenbach (8)
2. Coil (5)
3. B&L (2)
4. Sweitzer (1)
5. Optelec (1)
6. hands-free pendant (1)

Stand Magnifier

1. Eschenbach (6)
2. Coil (5)
3. Peak (2)
4. Jupiter (2)
5. Optelec (1)
6. Selsi(1)

Illuminated Stand Magnifier

1. Eschenbach (9)
2. Optelec (3)
3. Coil (2)
4. Selsi (1)
5. Pike Flash-O-Lens (1)

Pocket Magnifiers

1. B&L (8)
2. Eschenbach (4)
3. neck hung (2)
4. Sweitzer (1)
5. Coil (1)
6. Optelec (1)

Microscopes

1. Designs for Vision (7)
2. Clear Image II (6)
3. Unilens system (3)
4. prismatic half-eyes (3)
5. A.O. Aspherics (2)
6. Keeler (2)
7. Peak (1)

Hand-held Telescopes

1. Walters(8)
2. Selsi (4)
3. Specwell (4)
4. Beecher (2)
5. Eschenbach (2)

Bioptic or spectacle-mounted Telescopes

1. Designs for Vision (11)
2. Beecher (7)
3. Bita system (2)
4. Ocutech VES (1)
5. Keeler (1)
6. Panavex (1)
7. Eschenbach (1)

Closed-circuit Television

1. Xerox (4)
2. Aladdin (4)
3. Optelec (3)
4. Magnicam (2)
5. Telesensory (2)
6. Human Ware (1)
7. V-Tech (1)
8. Outlook (1)
9. Vantage (1)

Non-0ptical Devices

1. Desk Lamps (8)
2. Typoscopes (8)
3. Glare control devices(i.e. NOIR, Solar Shields, etc.) (3)
4. Posture Tables (2)
5. Clip boards (1)
6. Felt-tip pen (1)
7. Others: offer catalogs and Talking Book services, kitchen items, sewing items, canes

Conclusion

Few optometrists would disagree that the optometric profession plays an integral part in low vision rehabilitation. Yet the number of referrals to low vision certified optometrists from fellow optometrists is alarmingly low. Even when patients' needs may be better served by a fellow colleague, most optometrists are hesitant to refer to another optometrist. This can be out of fear of conveying a message to patients that they are not receiving adequate care. Patient and peer education is needed to remedy this. Optometrists should establish lines of communication with the low vision providers in their area and be able to educate patients as to resources available. The optometrist providing the low vision care can strengthen relationships by sending patients back to the referring optometrist for optical prescriptions and subsequent visits, if possible.

Most certified low vision practitioners in Michigan report that low vision services make up less than twenty percent of their overall gross income. The profit margin can be greater depending on where you establish your low vision practice and how hard you work at developing a patient base. Providing low vision care can increase the profitability of a practice, more importantly, it allows you to have a direct positive effect on your patients' quality of life. Assisting the low vision population can be a satisfying benefit for any health care professional.

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PATIENT INFORMATION DATE_____

NAME_____ AGE_____
(Last) (First) (Middle)

ADDRESS_____ BIRTH DATE:_____
(Street, P.O. Box, etc.)

_____ SEX_____
(City) (State) (Zip)

HOME PHONE_____ PATIENT'S SOCIAL SECURITY NUMBER_____

WORK PHONE_____ PATIENT'S PLACE OF EMPLOYMENT_____

REFERRING PHYSICIAN_____

RESPONSIBLE BILLING PARTY, IF DIFFERENT FROM ABOVE:

NAME_____ HOME PHONE_____

ADDRESS_____ BUSINESS PHONE_____

RESPONSIBLE PARTY EMPLOYER_____

HAS ANYONE FROM YOUR FAMILY BEEN SEEN HERE BEFORE?_____WHO?_____

****

ONE TIME AUTHORIZATION AGREEMENT FOR MEDICARE RECIPIENTS ONLY

STATEMENT TO PERMIT PAYMENT OF MEDICARE
BENEFITS TO PROVIDERS, PHYSICIANS AND PATIENTS

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE BENEFITS BE MADE EITHER TO ME OR ON MY BEHALF FOR ANY SERVICES FURNISHED ME BY THIS PROVIDER. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS THE INFORMATION NEEDED TO DETERMINE THESE BENEFITS FOR RELATED SERVICE.

(X) PAYMENT TO PROVIDER

_____ _____
PATIENT SIGNATURE DATE

FOR SERVICES FURNISHED BY A PROVIDER OR ON AN OUTPATIENT BASIS, THIS REQUEST IS EFFECTIVE UNTIL REVOKED BY THE BENEFICIARY.

(Please fill out the reverse side also)

WHAT IS THE REASON FOR YOUR VISIT TODAY?_____

_____

_____

DO YOU HAVE ANY OF THE FOLLOWING HEALTH PROBLEMS?

YES	NO		YES	NO	
____	____	CATARACTS	____	____	HEART DISEASE
____	____	GLAUCOMA	____	____	THYROID DISEASE
____	____	MACULAR DEGENERATION	____	____	VASCULATURE DISEASE
____	____	OTHER EYE PROBLEMS	____	____	ARTHRITIS
____	____	HIGH BLOOD PRESSURE	____	____	BLOOD DISORDERS
____	____	DIABETES	____	____	ALLERGIES, (DUST, ETC.)

HAVE YOU EVER HAD ANY INJURIES TO YOUR EYES?_____

_____

DO YOU WEAR GLASSES?_____ CONTACT LENSES?_____

HOW LONG HAVE YOU HAD YOUR PRESENT LENSES_____

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING?_____

_____

_____

_____

ARE YOU ALLERGIC TO ANY MEDICATIONS?_____

_____

THANK YOU.

Name(last, first)	Age	Date
Referred by	Report(s) to 1. 3. 2. 4.	

Accompanied by_____

Ocular History_____

Patient's description of their vision_____

Lighting Preference_____ Best eye_____

V. Examination GOAL(s)_____

Distance Visual Acuity

Snellen/Feinbloom other_____ **Near Visual Acuity @**_____ **cm/in**

	Unaided	Spectacle Rx	Unaided	Spectacle Rx
OD	_____	_____	_____	_____
OS	_____	_____	_____	_____
OU	_____	_____	_____	_____

Spectacle Rx #1_____

OD _____ X ____ add_____

OS _____ X ____ add_____

Spectacle Rx #2_____

OD _____ X ____ add_____

OS _____ X ____ add_____

Current Low Vision Device(s) **Visual Acuity** **Eye used**

_____

_____

_____

Trial Frame Refraction **D.V.A. Snellen/Feinbloom** **Near Acuity@**_____ **cm/in**

OD _____ X ____ _____ add_____ _____

OS _____ X ____ _____ add_____ _____

Microscope OD _____ _____

_____ OS _____ _____

Near Testing

Device	Acuity	Eye used

Distance Testing

Device	Acuity	Eye used

Selective Absorption Filters_____

Closed Circuit T.V. Demonstration_____

Non-Optical

1. Directional Illumination ☐ significant ☐ not significant
2. Large Print Materials ☐ suggested ☐ not suggested
3. Rehabilitative Services ☐ suggested ☐ not suggested
   If suggested what type:_____

Recommendations

Reviewed with:_____

1. SpectacleRx OD_____ X____ add_____
   OS_____ X____ add_____
2. _____
3. _____
4. _____
5. _____
6. _____

Referral To: _____

Doctor_____ Date_____

Low Vision Chart

V.3.15.96

Referred by: _____ Date: _____

Patient: _____ Age: _____
Last Name First Name

Date of Last Exam: _____

History: Family: _____

Medical: _____

Ocular History: _____

_____

Main Complaint: _____

Present Visual Aids: _____

Present Rx: Worn since: _____

	Distance Rx:			Distance VA			Near Rx/Add			Near VA		
OD	_____	cc	_____	sc	_____		_____	cc	_____	sc	_____	
OS	_____	cc	_____	sc	_____		_____	cc	_____	sc	_____	

	Dist/Refraction				Auto/Retinoscopy
OD	_____	cc	_____	sc _____	OD _____
OS	_____	cc	_____	sc _____	OS _____

Near/Refraction

OD	_____	cc	_____	sc _____
OS	_____	cc	_____	sc _____

Trial of Visual Aid:

OD	SLE	OS
	L.L.C.	
	Cornea	
	A.C.	
	Iris	
	Pupil	
	Lens	
	Cover	
	EOM	

Internal:

OD

OS

Ta: OD _____ Technique used: ❑ Noncontact ❑ Goldmann

OS _____ Time Taken: _____ AM PM

Assessment: _____

_____

Plan: _____

_____

_____

Doctor Signature: _____ Therapist: _____

LOCATION	DATE	SERVICE
Reg. No.		Class
		Name
		Address

LOW VISION EVALUATION

Date:_____

Referred by:_____

HISTORY

Chief Complaint: _____

_____ Duration: _____

Past Hx: Methods of coping:_____

_____

Past rehabilitation services/ assistive devices/community resources:_____

_____

_____

Other relevant problems:_____

_____

Social Hx: Impact on independence:_____

_____

Impact on work or school:_____

_____

_____

Impact on hobbies/recreational activities:_____

_____

Functional Hx: Communication:_____

Eating/Preparing Meals:_____

Grooming/Self-care/Dressing:_____

Mobility:_____

Driving:_____

Ocular Health History: Last eye examination: Doctor:_____ Date:_____

Medical diagnosis:_____

Past ocular surgery/trauma:_____

Ocular medications:_____

Family Ocular Hx:_____

Other Systems Review:_____

_____

_____

Systemic Meds:_____

EXAMINATION:

Visual Impairments		Unaided	With Present Rx	Rx
Distance Visual Acuity	OD:			
	OS:			
Near Visual Acuity	OD:			
	OS:			

Visual fields(Goldmann/Humphrey/Confrontational):

Amsler Grid: OS ☐ ☐ OD

Contrast Sensitivity: _____ Other testing:

Refraction OD: _____ Add _____

OS: _____

Optical Device Testing	LV Aid	VA/Skills	LV Aid	VA/Skills
Near:				
Distance:				

Colored Filters: _____ Nonoptical Aids: _____

Eye Exam Slit lamp: lids/lashes _____ Binocularity _____

cornea _____ Motility _____

anterior chamber _____ Tonometry OD: _____

iris _____ OS: _____

lens _____ Pupils _____

Fundus (direct/indirect): _____

_____

IMPRESSION: _____

_____

PLAN: _____

_____

Spec Rx OD: _____ OS: _____ Add _____

Optical Aids(Rx/ Benefit) _____ Cost _____

_____ _____

_____ _____

_____ _____

COORDINATION OF CARE: Report to: _____

Refer to Occupational Therapy: Visual Perform Eval/ Daily Living Activities/ Eccentric Viewing/ Telescope Training

Signature _____ Date _____

Discussion and counseling issues for Low Vision Rehabilitation patients.

The items checked off below were discussed with the patient;

Eye condition
____ nature of disease
____ prognosis
____ functional implications

Rehabilitation therapies
____ vision enhancement
____ visual skills training
____ activities of daily living (ADL) training
____ orientation and mobility (o & H) training

Visual concern
____ Ok to use eyes (they cannot be worn out)
____ close television viewing will not hurt eyes
____ fear of total blindness unfounded
____ driving

Instructions in adaptation factors
____ importance of practice in acquiring adaptive skills
____ lighting
____ contrast
____ eccentric viewing
____ principles of magnification
____ specific reading techniques
____ electronic aids
____ specific ADL adaptations

Psychological factors
____ independence
____ importance of activity
____ emotional reaction
____ attitude
____ ability to deal with the challenge

Other
_____
_____
_____

Total physician time spent with patient:_____

Physician counseling / coordination of care time spent with patient;_____.

Physician signature:_____.
Date:_____

LOANER AGREEMENT

PATIENTS OF THE VISION REHABILITATION INSTITUTE OF ARE RESPONSIBLE FOR THE COST AND CONDITION OF ANY VISUAL AID LOANED DURING THE PERIOD OF TREATMENT AT THE INSTITUTE. IF ANY VISUAL AID LOANED IS NOT RETURNED, OR IS RETURNED DAMAGED BY THE DATE AGREED BETWEEN PATIENT, DOCTOR, OR THERAPIST, THE PATIENT WILL BE BILLED BY FOR THE COST OF THE DEVICE/DEVICES IMMEDIATELY.

IN THE EVENT OF EXTENUATING CIRCUMSTANCES, PATIENT MUST CONTACT THE INSTITUTE IMMEDIATELY. FAILURE TO DO SO WILL RESULT IN BILLING FOR THE DEVICE/DEVICES ON RETURN DUE DATE.

VISUAL DEVICE

1. _____

_____

2. _____

_____

3. _____

_____

DATE LOANED: _____

GOALS: _____

_____

_____

_____

I, _____ UNDERSTAND AND AGREE TO THE TERMS.
(PRINT PATIENT'S NAME)

PATIENT'S SIGNATURE: _____

DOCTOR/THERAPIST: _____

RETURN DATE AGREED: _____ DATE RETURNED: _____

PATIENT'S SIGNATURE: _____

MICHIGAN DEPARTMENT OF STATE
LANSING, MI 48918-1601

VISION SPECIALIST
STATEMENT OF EXAMINATION

INSTRUCTIONS FOR DRIVER/APPLICANT:

You must have this statement completed by a vision specialist. This request is based on results of a vision screening at a local branch office, or other information received by this Department which indicates that you may have a visual condition which may affect your ability to safely operate a motor vehicle. Please return the completed form to the following address.

_____

_____

_____

PLEASE NOTE: The Department may withhold licensing until this form is received and evaluated.
Unsigned or incomplete forms will be returned and could delay processing of your application.

RELEASE OF INFORMATION

I, (Please Print or Type) _____ hereby authorize and request that information regarding my visual condition be released to the Michigan Department of State.

Driver License No._____ _____ _____ _____ _____

APPLICANT'S SIGNATURE _____ DATED _____

ADDRESS _____ DATE OF BIRTH _____

_____ DAYTIME TELEPHONE _____

INSTRUCTION FOR VISION SPECIALIST:

The Department of State asks your assistance in determining the visual condition of your patient. Your professional opinion, the answers to these questions and any other pertinent information will help the Department assess this individual's ability to safely operate a motor vehicle.
Confidential information may be mailed directly to the Department at the address shown in the instructions to the Driver, above.

Please type or print your answers and if applicable, attach copies of abnormal fields.

Certification by vision specialist's signature is required on page 3.

FOR DRIVER IMPROVEMENT USE ONLY

( ) Favorable ( ) set up _____ ( ) Refer for reexamination
( ) Restriction _____ ( ) Refer to Health Consultant
( ) Must Pass _____ test ( ) Need additional information
( ) Unfavorable ( ) Medical ( ) Vision

Reviewed By _____ Date _____

1. How long has this patient been under your care? _____

2. Date of most recent visual exam? _____

3. Visual acuity:		Without Lenses	With Present Lenses	Best Possible Correction
Right Eye	(OD)	20/	20/	20/
Left Eye	(OS)	20/	20/	20/
Both Eyes	(OU)	20/	20/	20/

* * * Drivers with vision of 20/100 or less in one eye and the other eye as follows:

- up to and including 20/50 - full driving privileges
- less than 20/50 - not eligible for licensing

3a. Were new lenses prescribed? _____ If yes, date of delivery? _____

3b. Does the driver have any progressive diseases of the eye such as:

	yes * *	no *
- Cataracts	_____	_____
- Glaucoma	_____	_____
- Senile Macular Degeneration	_____	_____
- Retinitis Pigmentosa	_____	_____
- Any malignancy	_____	_____
- Other	_____	Describe _____

_____

3c. Specify other reasons for visual impairment _____

_____

* Vision with **NO** progressive abnormalities or disease of the eye:

- less than 20/40 to and including 20/50 - full driving privileges
- less than 20/50 to and including 20/70 - daylight driving only
- less than 20/70 - not eligible for licensing

* * Vision **WITH** progressive abnormalities or diseases of the eye:

- less than 20/40 to and including 20/50 - full driving privileges
- less than 20/50 to and including 20/60 - daylight driving only
- less than 20/60 - not eligible for licensing

4. Peripheral Vision

Horizontal Fields in degrees

Right Eye (OD) _____ °

Left Eye (OS) _____ °

Both Eyes (OU) _____ ° total * *

4a. Do you suspect visual field defect? Yes _____ No _____
IF SO, ATTACH COPY OF ABNORMAL FIELD

4b. Method used and test object size _____

Tangent screen _____ Perimeter _____

(6 millimeter target is used in Driver License Stations)

* * 140° to and including 110° - full driving privileges
- less than 110° to and including 90° - Subject to additional conditions and requirements
- less than 90° - not eligible for licensing

5. Should the Department require a periodic vision evaluation to monitor changes which may affect driving? _____

If yes, how often? _____

6. If you wish to make additional comments, please use the space below or additional sheets if necessary.

_____

_____

_____

_____

_____

CERTIFICATION:
I certify that the statements contained in this statement of examination are true to the best of my knowledge and belief.

DOCTOR'S SIGNATURE _____ DATED _____

Name (Print or Type) _____ Optometrist or ophthalmologist

Address _____

_____

Professional License No _____ Telephone No ( ) _____

THE FOLLOWING STANDARDS DO NOT TAKE INTO CONSIDERATION OTHER CONDITIONS WHICH MAY REQUIRE FURTHER RESTRICTIONS OR DENIAL OF LICENSE.

If more than one condition is present, read down the chart until all conditions are covered, e.g., a driver with a progressive disease such as cataracts, **and** 20/100 or less in one eye will be evaluated under #3.

The following standards are also repeated within the sections where they apply.

SUMMARY OF VISION SCREENING STANDARDS FOR DRIVER LICENSING IN MICHIGAN

Generally, drivers who meet screening requirements of 20/40 or better are granted full driving privileges unless a vision specialist recommends otherwise, or, other physical conditions require restrictions or denial of a license. Drivers who are screened at less than 20/40 fall into categories 1 thru 4 below.

---

1. VISION WITH NO PROGRESSIVE ABNORMALITIES OR DISEASES OF THE EYE:

1a. Less than 20/40 to and including 20/50 - full driving privileges

1b. Less than 20/50 to an including 20/70 - daylight driving only

1c. Less than 20/70 - not eligible for licensing

2. VISION WITH PROGRESSIVE ABNORMALITIES OR DISEASES OF THE EYE:

2a. Less than 20/40 to and including 20/50 - full driving privileges

2b. Less than 20/50 to and including 20/60 - daylight driving only

2c. Less than 20/60 - not eligible for licensing

3. DRIVERS WITH VISION OF 20/100 OR LESS IN ONE EYE AND THE OTHER AS FOLLOWS:

3a. Up to and including 20/50 - full driving privileges

3b. Less than 20/50 - not eligible for licensing

4. PERIPHERAL VISION

4a. 140° to and including 110° - full driving privileges

4b. Less than 110° to and including 90° - subject to additional conditions and requirements

4c. Less than 90° - not eligible for licensing

Guidelines for Motor Vehicle Administrators
Functional Aspects of Driver Impairment --
A Guide for State Medical Advisory Boards
U.S. Department of Transportation and
National Highway Traffic Safety Administration
October 1980 / DOT HS 805 460

ACCEPTABLE LEVELS OF BINOCULAR HORIZONITAL VISUAL FIELD FOR DRIVER LICENSURE

	Can operate any vehicle	Can operate large single vehicle but not haul passengers for hire; hazardous cargo; or emergency vehicles	Can operate private passenger vehicle motorcycle, or trucks under 24,000 lbs but cannot haul passengers for hire; hazardous cargo; or drive emergency vehicles
Each eye tested separately has 140° or more.	YES	YES	YES
The total horizonital visual field with both eyes open must be 140° or more when one eye has a horizonital field of less than 140°	NO	YES	YES
The total horizonital visual field is less than 140°	NO	NO	NO

ACCEPTABLE LEVELS OF MONOCULAR HORIZONITAL VISUAL FIELD FOR DRIVER LICENSURE

Eye has a horizonital field of 140° or more	NO	YES*	YES
Eye has a horizonital field of less than 140°	NO	NO	NO

STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do you license individuals not meeting minimum standard?	Do You License Bioptic Drivers?
ALABAMA	20/60 Same day and night	NO	NO
ALASKA	20/40	YES, Up to 20/100 with individual restrictions	Only if they can meet minimum visual acuity without the aid of the lenses, or field of vision is at least 110° with lenses.
ALBERTA			
ARIZONA	20/60 in better eye Less than 20/40 in both results in restriction to daytime only	NO	NO
ARKANSAS	20/50	NO	YES, If they meet minimum standard.
BRITISH COLUMBIA	20/40 best eye for private passenger vehicles and light trucks 20/30 best eye; 20/50 poorer eye for passenger carrying vehicles; heavy trucks.	20/50 for private passenger vehicles and light trucks only. License restricted to maximum speed of 50MPH and daytime use only.	NO

STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do you license individuals not meeting minimum standard?	Do You License Bioptic Driver
CALIFORNIA	20/40 corrected or uncorrected Monocular drivers required to take drive test to demonstrate compensation.	YES	YES
COLORADO	20/40	YES, but not beyond 20/180 with recommendation of vision specialist	NO
CONNECTICUT	20/40 with both eyes with or without corrective lenses 20/40 with each eye with or without corrective lenses for Public Service licensee's 20/30 with good eye if blind in other (monocular)	NO	NO
DELAWARE	20/40 with or without corrective lenses -- one eye applicants included. Between 20/40 & 20/50 daytime driving only.	NO, license is permitted if 20/50 is not met.	YES
DISTRICT OF COLUMBIA (D.C.)	20/40 for both day and night Between 20/40 - 20/70 restrict to daytime only 20/70 minimum for monocular	NO	While there are no municipal regulations which deny licensing the bioptic lens applicant, the applicant must meet both the central visual acuity standards as well as peripheral vision standard using the corrective lenses with which [illegible] will be

STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do you license individuals not meeting minimum standard?	Do you License Bioptic Drivers?
FLORIDA	20/40	NO	NO
GEORGIA	20/60+ in one eye 140° peripheral vision	NO	NO These individuals are not categorically denied, however they must meet the requirements. "As these lenses impair peripheral vision, the number of licenses issued is minimal."
HAWAII	20/40 Blind in one eye receives restriction of outside mirror May have restriction for day or night.	NO	NO YES* providing they meet the minimum requirements 20/40 in each eye.
IDAHO	20/60 with recommendation of visual specialist	YES with special testing and restrictions. License denied at 20/70	YES Only upon appeal and with strong recommendation of visual specialist in individual cases.

STATE	Minimum Corrected Visual Acuity (VA) Required for Licensing	Do You License individuals not meeting minimum standard?	Do You License Bioptic Drivers?
ILLINOIS	20/40 or better without restrictions 20/41 - 20/70 restricted to daylight only 20/71 or poorer = failure 140° binocular or if monocular at least 70° temporal 35° nasal; total 105° in same eye.	NO	YES Binocular -- 20/100 through carrier; 20/40 through telescopic lenses. All bioptic drivers are required to visit a vision specialist to obtain readings. The specialist is required to administer various clinical tests.
INDIANA			
IOWA	20/40 -- no restrictions 20/50 -- daytime driving only 20/70 -- daytime driving only speeds not to exceed 35MPH Poorer than 20/70 - no license issued	NO	NO
KANSAS	20/60	YES Those who have 20/60- can usually obtain a restricted license	YES

STATE	Minimum Corrected Visual Acuity (VA) Required for Licensing	Do You License individuals not meeting minimum standard?	.Do You License Bioptic Drivers?
KENTUCKY	20/45 is minimum if blind in one eye with no difference between night and day	YES	NO
LOUISIANA	20/40		
MAINE	20/40 Correctable to 20/50 - daytime driving only Correctable to 20/60 - Daytime driving only with geographic restriction & road test Fields 130° or more	YES	YES Vision through carrier 20/70 or better in each eye Binocular field of vision 130° or better through carrier lens Vision through telescopic lens 20/40 or better No bioptics over 4X power No monocular drivers Daylight driving and geographical restriction.
MANITOBA	20/40 binocular 120° total field 20/50 - daytime driving only 20/60 - daytime driving only & speed restriction 70km/hr and area restriction Poorer than 20/60 or 120° field - no license	YES	NO

STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do you license individuals not meeting minimum standard?	Do you license bioptic drivers?
MARYLAND	20/70 If one eye blind, add restriction of daytime only	NO	NO
MASSACHUSETTS	20/40 120° minimum	NO	YES -- but currently under review
MICHIGAN	20/40 140°	YES 20/50-70----daytime only if no path 20/50-60-- daytime only if path Less than 140° to 110° ok with statement 110° - 90° -- requires statement and road test	YES
MINNESOTA	20/40 20/60-20/80 have speed and daytime restrictions. Up to 20/100 licensed with need and recommendation of review board.	YES	NO
MISSISSIPPI	20/40 with or without lenses; monocular or binocular. 20/70 or worse- daylight and speed (45MPH) restriction Field 140° minimum	YES	NO
MISSOURI	20/40	YES	Presently studying issues of bioptic lenses. Applicants ar

STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do you license individuals not meeting minimum standard?	Do you license bioptic drivers?
MONTANA	20/40--no restriction 20/40-20/70 - daytime and speed restriction 20/70-- 20/100 -- special evaluation and need must be present.	YES	NO
NEBRASKA	20/40 One eye 20/50 - restrict to daytime & Speed 20/60 or worse- no license	YES	NO
NEVADA	20/40 20/40-20/50 - daytime only Worse than 20/50 one and not better than 20/100 other no license	YES 20/60 with progressive disease 20/70 with no progressive disease	YES Restricted to corrective lenses Daylight only, speed 45-MH, yearly vision exam and drive test
NEW HAMPSHIRE	20/30	YES	NO
NEW JERSEY			
NEW MEXICO	20/40 in at least one eye	YES Restrictions of yearly renewal; daytime local driving	NO

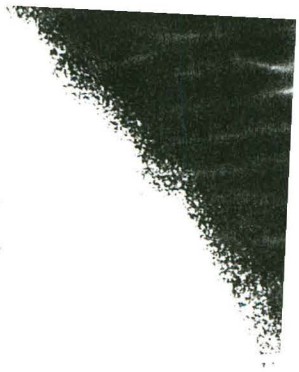
STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do You License Individuals not meeting minimum standard?	Do you license bioptic drivers
W YORK	20/40	YES, VA of less than 20/40 but not less than 20/70 in either or both eyes with lenses No less than 140°.	YES, Minimum of 20/40 through TS and 20/100 through carrier with horizontal field of no less than 140°. Requires specific training
RTH CAROLINA	20/70	Up to 20/100 with lenses, Speed restriction of 45MPH and daytime only.	NO
RTH DAKOTA	20/40 20/30 monocular	YES, 20/50-20/80 daytime only	NO
IIO	20/40 20/30 monocular 70° temporal	20/50-20/70 daytime only 20/40-20/60 Monocular - daytime only one eye - 70°T and 45° N	NO
LAHOMA			
ITARIO Canada)	20/40 120°	NO	NO
REGON	20/40 20/70 daytime only	NO	NO
NNSYLVANIA			

STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do you license individuals not meeting minimum standards?	Do you license bioptic drivers?
PRINCE EDWARD ISLAND (CANADA)	6/12 (20/40)	NO	NO
QUEBEC (CANADA)	6/15	YES Reviewed individually	NO
RHODE ISLAND			
SASKATCHEWAN (CANADA)	20/40	YES If one eye less than 20/200 sideview mirrors required 20/60 - daytime only with road test; limited term (1 year)	* Only one driver is licensed at present -- License is severely restricted -- one year ter periodic road tests.
SOUTH CAROLINA	20/40		NO
SOUTH DAKOTA			
TENNESSEE	20/70	20/40 if one eye blind 20/200 one eye corrected with 20/70 in other	NO
TEXAS	20/40	YES 20/60 - 20/70 45MPH; daytime only Color vision is checked on all orginial applicants -- failing is not basis for denial	YES

STATE	Minimum corrected Visual Acuity (VA) Required for Licensing	Do You license Individuals not meeting minimum standard?	Do You License Bioptic drivers?
UTAH	20/40	20/50-20/70 may license with restrictions of speed, area, time of day.	NO
VERMONT	20/40 greater than 60° T each eye -- [B] 60° T - 60° N [M]	NO	YES -- applicants must be corrected to 20/40 through TS written and road test required
VIRGINIA	20/40 in one or both eyes 100° or better horizontal	YES 20/41-20/70 daytime only 70°-99° - daytime only 40° or better T & 30° or better N daytime only	YES Must be 20/200 or better - carrier and 20/70 through TS -- Field must be 70° or better or if one eye 40° or bett T and 30° or better N. Daytime only Vehicle restriction .
WEST VIRGINIA	20/40	NO	NO
WASHINGTON			
WISCONSIN			NO
WYOMING	20/30	YES	YES -- on case by se basis

DRIVER IMPROVEMENT REEXAMINATION CONTACTS

If the driver lives in:	Contact:
Upper Pennisula west of Newberry	517-322-1010
Upper Pennisula east of Newberry	517-322-1010
Alcona Alpena Charlevoix Cheboygan Emmet Presque Isle Antrim Benzie Crawford Grand Traverse Kalkaska Lake Leelanau Manistee Mason Missaukee Oscoda Otsego Roscommon Wexford Clare Gladwin Gratiot Isabella Mecosta Midland Montcalm Osceola	517-322-1010



Barry Kent Ionia Muskegon Montcalm Newaygo Ottawa Oceana	616-456-8357 Harry Miller
Arenac Bay Genesee Gladwin Huron Iosco Lapeer Midland Oakland Ogemaw Oscoda Saginaw Sanilac Shiwawssee Tuscola	810-230-0672 Maurice Pahr
Clinton Eaton Hillsdale Ingham Ionia Jackson Lenawee Livingston Shiawassee Washtenaw	517-334-7710 Ronald Wilson
Allegan Barry Berrien Branch Calhoun	616-337-3880 Linda Swinehart

Cass Kalamazoo St. Joseph Van Buren	Pontiac Oakland Co.
Oakland	313-335-6220 Phillip Robinson
Macomb St. Clair	313-775-4660 Gerald Saccucci
Eastern Wayne County Detroit	313-256-1144 Hazel Mitchell
Western Wayne County Monroe	313-562-2624 David Harris

Inkster.

Before Inkster Rd. — Redford.

Cherry Hill Plaza

west Acco — Cherry Hill Rd.

Hardware

BUTT

Skip Green

562-2624.

REHABILITATION AGENCIES

A & A Driving School
29200 Vassar
Livonia, MI 48152

Beaumont Low Vision Center
3535 W. 13 Mile Rd., Suite 555
Royal Oak, MI 48075

Providence Hospital
Physical Medicine, Driver Program
16001 W. 9 Mile Rd.
Southfield, MI 48075

St. Johns Hospital- Macomb Center
26755 Ballard RD.
Mt. Clemens, MI 48045

MICHIGAN DEPARTMENT OF STATE

RICHARD H. AUSTIN • SECRETARY OF STATE

STATE SECONDARY COMPLEX

LANSING

MICHIGAN 48918

REQUEST FOR REEXAMINATION

(please print or type all information)

Driver license number			Today's date
Driver's name (as it appears on license)			Birth date
Street address	City	State	Zip

The department may schedule a reexamination for physical or mental infirmities or disabilities, vision deficiency, convulsive seizures or blackouts or episodes, or for other reasons which may effect driving. You must provide a description of an incident or a pattern of behavior, or other evidence which you believe justifies a reexamination. Please read the explanation on the reverse of this form.

As provided by Section 257.320 of the Michigan Vehicle Code, the above named driver is referred to determine if cause exists to conduct a reexamination.

Why should this driver be reexamined?

Request by private citizens to remain confidential will be respected, to the extent permitted by Michigan and Federal law.

Your signature is required. Please print or type all information.

Requestor's name		Agency (if applicable)	
Street address	City	State	Zip
Phone number		Signature (required)	

 Authority granted under Act No. 300 of the Public Acts of 1949, as amended

ABOUT THE INFORMATION YOU PROVIDE . . .

The department is authorized to reexamine a driver when there is reason to believe the driver may be unable to operate a motor vehicle safely. Specific information, as descriptive as possible, must be provided which will clearly support scheduling a reexamination.

The following information must be provided:

The drivers license number or name and birthdate of the driver to be reexamined.

Specific information to justify the reexamination. This may describe an incident or a pattern of behavior, or may be other evidence.

Your signature.

Without this information, this form can not be processed. We may contact you for further information or for clarification.

257.320 Driver license suspension, revocation, reexamination. [MSA 9.2020]

Sec. 320. (1) The secretary of state after notice as provided in this section may conduct an investigation and reexamination of a person, based upon 1 or more of the following:

(a) The secretary of state has reason to believe that the person is incompetent to drive a motor vehicle or is afflicted with a mental or physical infirmity or disability rendering it unsafe for that person to drive a motor vehicle.

(b) The person, as a driver, has in 1 or more instances been involved in an accident resulting in the death of a person.

(c) The person, within a 24-month period, has been involved in 3 accidents resulting in personal injury or damage to the property of a person, and the official police report indicated a moving violation on the part of the driver in each of the accidents.

(d) The person has charged against him or her a total of 12 or more points as provided in section 320a within a period of 2 years.

(e) The person has been convicted of violating restrictions, terms, or conditions of the person's license.

(2) The secretary of state, upon good cause, may restrict, suspend, revoke, or impose other terms and conditions on the license of a person subject to reexamination and require the immediate surrender of the license of that person. The secretary of state shall, in all cases, prescribe the period of restriction, suspension, revocation, or other terms and conditions . . . .

Persons falling under Sec. 320 (1) (b) (c) (d) (e) of the Michigan Vehicle code will be cited for reexamination upon receipt of an abstract of conviction from a court or upon receipt of an accident report forwarded from State Police. No Request for Reexamination should be prepared for these drivers.

Additional Information:

Please attach a copy of any related reports.

The completed form should be mailed to: Bureau of Driver Improvement
Records Section
Lansing, MI 48918

FERRIS STATE UNIVERSITY

Dear Optometric Practitioner,

We are Senior Interns at the Michigan College of Optometry at Ferris State University . For our senior project, in conjunction with Dr. Walter Betts, we have chosen to design "the ideal low vision practice". Aside from classroom and clinical experiences here at Ferris, we feel it is important to assess how low vision practitioners throughout Michigan, such as yourself, effectively operate their practice.

Your name and address was obtained from the Michigan Optometric Association as being a licensed low vision provider. Enclosed you will find a survey assessing various aspects of low vision care. We would very much appreciate your time in helping compile this information. Feel free to enclose any additional information you believe may be useful.

Thank you for your time.

Sincerely,

Kelly Bulow

Wendy Zielinski

COLLEGE OF OPTOMETRY
1310 Cramer Circle, Pennock 401, Big Rapids, MI 49307-2738
Phone 616 592-3700 Fax 616 592-2394

Low Vision Questionnaire

Please answer the following questions as thoroughly as possible.

1. *What is your average number of primary care exams per month?* _____

2. *How many patients per month require low vision services?*

   ____ 0-5
   ____ 5-10
   ____ 11-20
   ____ 21-40
   ____ >40

3. *What percentage of your annual gross income is generated from low vision services?*

   ____ 0-20%
   ____ 21-40%
   ____ 41-60%
   ____ >61%

4. *What percentage of patients are referred for low vision services by:*

   Optometrists _____ %
   Ophthalmologists _____ %
   Other _____ %

5. *Do you require a referral letter from the referring O.D., M.D., or D.O.?*

   _____ yes _____ no

6. *Do you mail out a history form prior to seeing the patient?*

   _____ yes _____ no

7. How much time is allotted in your schedule per patient for an initial low vision evaluation?

____ 45-60 minutes
____ 60-90 minutes
____ 90-120 minutes
____ >120 minutes

8. Do you, in general, provide an optical service, health screening, or health evaluation along with the low vision evaluation?
Please mark those that apply:

____ *optical*
____ *health screening*
____ *health evaluation (including pupil dilation)*

9. How much time is allotted for dispensing of low vision aids?

____ 15-30 minutes
____ 30-45 minutes
____ 45-60 minutes
____ >60 minutes

10. Who is primarily responsible for dispensing low vision aids?

____ yourself
____ assistant/technician
____ other _____

11. How many visits, on average, do you schedule with your low vision patients before discharging them from your care? (including initial exam, dispensings, and follow-ups)

____ 1-2 visits
____ 3-4 visits
____ 5 or more visits

12. What is your fee for a low vision evaluation? _____

13. What method is used to determine your resale price of devices?

14. Do you provide low vision aids for patients to use on a trial basis?

____ yes ____ no *(*if "no", please omit questions 15 & 16)*

15. What percentage of equipment is lost or damaged through loaning devices for a trial period?

____0-10 %
____10-30%
____30-50%
____>50%

16. What percentage of devices loaned are purchased after the trial period?

____0-25%
____25-50%
____50-75%
____75-100%

17. Do you have a closed-circuit television on site? ____ yes ____ no

18. Please list the specific aids you most commonly utilize from each of the following categories:

Hand-held Magnifiers	**Stand Magnifiers**	**Illuminated Stand Magnifiers**	**Pocket Magnifiers**
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
5.	5.	5.	5.

Microscopes	**Hand-held Telescopes**	**Bioptic or spectacle-mounted Telescopes**
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Closed-circuit Television	**Non-optical devices**
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

19. Does your practice offer other services to the visually impaired? If so, please indicate which services:

____ orientation and mobility
____ daily living skills
____ communication skills
____ psychological counseling
____ vocational rehabilitation
____ other _____

20. Please state the percentage of overall income from low vision services that come from the following sources:

private pay _____
third party _____
state agencies _____
private agencies(ie.Lions club) _____
other(please specify) _____

**** Please enclose any low vision related forms used in you office(ie. Exam forms, price lists, etc.)***

Thank you very much for your time.

If you would like a copy of the results of this survey, please give your address below: