

# **APPENDIX: HH**

# Client Assessment and Informed Consent

## Refracting Opticians

Name: \_\_\_\_\_ Phone (Res): \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Work: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Important:** We advise you to have a complete eye examination conducted by a medical eye doctor (ophthalmologist) or optometrist at least once every five years.

Some health problems and the medications you take for other parts of your body may affect your eyes.

The information you provide will be held in the strictest confidence.

Approx. date of last full eye exam? \_\_\_\_\_ Approx. date of last medical exam? \_\_\_\_\_  
Approx. date of last Optician refraction? \_\_\_\_\_ Have you recently worn eyeglasses?  Yes  No  
How are they used?  Distance  Near  Both Do you wear contact lenses?  Yes  No

**Do you have any of the symptoms below related to your eyes?** (Please check any that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Blurred while reading | <input type="checkbox"/> Itching            | <input type="checkbox"/> Burning            |
| <input type="checkbox"/> Blurred at distance   | <input type="checkbox"/> Headaches          | <input type="checkbox"/> Red eyes           |
| <input type="checkbox"/> Double Vision         | <input type="checkbox"/> Tearing            | <input type="checkbox"/> Excessive blinking |
| <input type="checkbox"/> Pain around eyes      | <input type="checkbox"/> Sensitive to light | <input type="checkbox"/> Squinting          |
| <input type="checkbox"/> Other Problems        |   |   |

Review by Refracting Optician: \_\_\_\_\_

**Your General Health and Eye Health** (Please check any that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Pregnant            | <input type="checkbox"/> Hypoglycaemia        | <input type="checkbox"/> High Cholesterol      |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Crossed or turned eye |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Lazy eye              |
| <input type="checkbox"/> Glaucoma            | <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Retinal disorder      |
| <input type="checkbox"/> Cataracts           | <input type="checkbox"/> Circulatory problems | <input type="checkbox"/> Eye injury            |
| <input type="checkbox"/> Blindness           | <input type="checkbox"/> AIDS/HIV+            | <input type="checkbox"/> Eye surgery           |
| <input type="checkbox"/> Other Problems      |   |  |

### Family History

Has anyone in your family (blood relatives) had any one of the above conditions?  Yes  No

If so, please list what conditions (please don't check list above) \_\_\_\_\_

Review by Refracting Optician: \_\_\_\_\_

## Review of Prescribing Conditions

Direct consultation between refracting optician and the patient

The Patient is between 18 and 65 years of age	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Preliminary evaluation indicates good eye health	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Glaucoma consultation negative	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Strabismus consultation negative	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes consultation negative	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Visual acuity correctable to 20/40 in each eye	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Prescription less than - 9.00 dioptres	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Change in refraction 2.00 dioptres or less	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Visual anomalies negative	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If this review indicates a **NO** to any of the above conditions then the patient must be immediately referred to an ophthalmologist or optometrist for a complete eye examination.

This consultation is intended only to determine your suitability for a Refracting Optician to test your vision and prescribe corrective lenses. It is not intended to diagnose your eye health.

Referral appointment with Dr. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.

### A Refracting Optician is not a doctor.

A Refracting Optician is a health care professional able to provide vision testing and prescribe corrective lenses for eyeglasses and contact lenses if the specific conditions reviewed with you above have all been met. This statement is not a waiver but is solely to determine that there are no signs that having the Refracting Optician prescribe corrective lenses might compromise your eye health.

Patient Signature: \_\_\_\_\_ Refracting Optician Signature: \_\_\_\_\_

### How To Tell The Difference Between a Refracting Optician, an Optometrist and an Ophthalmologist

**Registered Refracting Optician** **A Refracting Optician is not a doctor.** A Refracting Optician is a health care professional able to provide vision testing and prescribe corrective lenses for eyeglasses and contact lenses if the specific conditions reviewed with you above have all been met. A Registered Optician may dispense eyeglasses and a Registered Contact Lens Practitioner may dispense contact lenses.

**Optometrist** An Optometrist is a Doctor of Optometry. An Optometrist is able to diagnose eye health, provide some treatment, prescribe some medications, write optical prescriptions and dispense eyeglasses and contact lenses.

**Ophthalmologist** An Ophthalmologist is a medical doctor who specializes in eye health. An Ophthalmologist is able to diagnose all eye health problems and many other general health concerns, provide treatment and prescribe medication, do surgery when necessary and write optical prescriptions. Ophthalmologists generally do not dispense eyeglasses and occasionally contact lenses.

## **DRAFT TEMPLATE 1**

**Unless authorized by a prescriber who has conducted an ocular examination of the client, an optician must not conduct Refractometry on a client who is:**

- (a) Under the age of 19 years or over the age of 64 years;**
- (b) Over the age of 19 years and has not had an ocular examination since the age of 19:**
- (c) Subject to or has a history of any of the following:**
  - (i) Glaucoma, retinal detachment, macular degeneration**
  - (ii) A prescription for corrective lenses containing prisms;**
  - (iii) A prescription for corrective lenses containing refractive error exceeding plus or minus 8.00 dioptres**
  - (iv) Diabetes, hypertension;**
  - (v) Recent head trauma;**
  - (vi) Injury or pain to the eye occurring within the previous three months;**
  - (vii) Diplopia;**
  - (viii) Any other untreated condition, symptom or sign indicating a need for an eye health exam as set out in the standards of practice established by the college.**

**Unless authorized by a prescriber who has conducted an ocular examination of the client, an optician must not dispense eyeglasses based on an assessment produced by an automated-refraction, and must recommend that the client obtain an ocular examination from a prescriber, where:**

- (a) The assessment indicates that there is a change in refractive error exceeding:**
  - (i) Plus or minus 1.00 dioptres in either eye in a six-month period; or**
  - (ii) Plus or minus 2.00 dioptres in either eye since the most recent prescription, if any, provided by the client to the optician;**

- (b) The corrected visual acuity will be worse than 20/25 in either eye; or**
- (c) The client is not satisfied with the client's corrected visual acuity after two successive attempts by the optician to dispense eyeglasses based on an assessment produced by Refractometry**

**An optician must, in relation to an assessment produced by an automated refraction,**

- (a) Provide a copy to the client;**
- (b) Provide a copy to the client's prescriber, if requested by the client;**
- (c) Retain a copy until it may be disposed of in accordance with a bylaw made under section 19 (1) (y.1) of the Act.**

## TEMPLATE 2

**The legislature should support the concept of expanding the scope of practice for opticians and allow opticians to obtain a voluntary endorsement to their license that allows them to modify refractions, provided that:**

- **the correction can be made to reach an acuity of at least 20/40**
- **that the cumulative change is not more than 2.00 diopters (and no more than 1.00 diopters at any one time)**
- **that children under 10 and persons over 64 cannot have a prescription modified**
- **that the original prescription not be more than 2 years old at time of modification (both glasses and contacts)**
- **and that refracting opticians provide a patient questionnaire and informed consent document, with signed copies returned to the original prescriber within 14 days, regardless of whether modification was performed or denied.**