



Older Individuals who are Blind – Technical Assistance Center

INITIAL ASSESSMENT VISIT

Please learn this information about each client and report the information relevant to that client under each of the database categories. What belongs in which category is stated below. Information should be included under every category.

SOCIAL HISTORY

Family /friend support system (make sure to get an emergency contact),
Living arrangement (alone , spouse, type of residence .),
Type of work or previous work-current work status
Interests and hobbies from the past and currently pursuing or would like to pursue
Mood (especially as it relates to vision loss)
Highest level of education (for grant reporting)

EQUIPMENT/ENVIRONMENT:

Safety-Be aware of safety issues-stairs, throw rugs, clutter, cords, bathroom access, etc, navigating outside of home including curbs, steps, street crossings and ability to exit building in an emergency
Health-ability to accurately access medications, manage diabetic and other care needed
Lighting
Visual aids currently being used
Finances- ability to manage finances(check writing , identify and pay bills, money ID),
Food shopping and preparation, use of appliances for cooking, recipes, etc.
Other appliances accessible?-e.g. washer , dryer, thermostat
Grooming
Transportation options
Use of telephone-need for LN phone, voice activated dialer,411 waiver, operator assisted dialing, keeping track of phone numbers
Ability to tell time, use calendar
Equipment list of items needed or dispensed

OCULAR HISTORY:

Diagnosis:_____ Onset:_____

Vision in both eyes-what able to see; client's sense of prognosis
Visual aids already using
Ophthalmologist
Briefly discuss benign visual hallucinations



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MEDICAL HISTORY/MEDICATIONS:

Other health problems (name and state if they will impact O&M or ADL
Medications and purpose of them and ability to access them
Managing other medical routines/ e.g. diabetic care-measuring blood sugar and administering insulin; meeting dietary needs
Primary physician name
Psychiatric history –e.g. depression, anxiety, suicide attempts if discussed

SERVICES:

VISTA CENTER SERVICES DESIRED:

Orientation and Mobility _____
Daily Living Skills _____
Diabetic management _____
Counseling
Choices and changes
Support group
Computer class
World of New Vision
Braille class
Volunteer
Low vision clinic
CCTV loaner
Shared visions and format-e-mail addresses

COMMUNITY SERVICES THAT CLIENT WAS REFERRED FOR:

Talking or large print materials including Talking books, Talking Magazines, APHmagazines, Newline, Bible(on tape, large print), BSB,NAVH LP books
DMV handicapped parking placard
Paratransit
Telephone equipment -LP phone, 411 waiver, voice activated dialer, etc.
Dept. of Rehabilitation
Other community services or referrals made

INFORMATION PROVIDED:

Catalogues of adaptive aids
Adaptive equipment dispensed or discussed
Guideline checks, divided wallets, etc.
Community agency information provided