



**InfantSEE Clinical Reporting Form**  
<http://exam.infantsee.org>

Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Age (in Months): \_\_\_\_\_

Patient City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth History: Born Premature?  Yes  No    If yes: born at how many weeks premature \_\_\_\_\_

Delivery Complications: \_\_\_\_\_

Ethnic Origin:  Hispanic     Caucasian     African American     Native American     Asian     Other

Insurance:  Yes  No    If yes:  Private     CHIP     Medicaid     Other, specify \_\_\_\_\_

**How did you find out about InfantSEE?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Current Patient | <input type="checkbox"/> Radio                   | <input type="checkbox"/> Parenting Classes    |
| <input type="checkbox"/> Friend/Family   | <input type="checkbox"/> Internet                | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Mail            | <input type="checkbox"/> Newspaper               |   |
| <input type="checkbox"/> TV              | <input type="checkbox"/> Primary Health Provider |   |

**Yearly Household Income:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$40,000-\$59,999 | <input type="checkbox"/> \$80,000-\$99,999   |
| <input type="checkbox"/> \$20,000-\$39,999  | <input type="checkbox"/> \$60,000-\$79,999 | <input type="checkbox"/> More than \$100,000 |

**Medical History** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 \_\_\_\_\_

**Dilation**     Yes     No

**Plan**     No Concerns  
 Concerns and in need of follow up care in \_\_\_\_\_ months or \_\_\_\_\_ weeks

Referral to: \_\_\_\_\_

Recommended follow-up: \_\_\_\_\_ years of age

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