The optometrist(s) in the practice is an InfantSEE® provider. InfantSEE®, a program of Optometry Cares® - The AOA Foundation, is a public health program to ensure that vision care is included in infants’ wellness routines and to detect potential vision problems early. InfantSEE® provides a one-time, no-cost eye and vision assessment to all infants 6-12 months of age.

**FRONT OFFICE**

1. **DO I NEED TO SCHEDULE THIS APPOINTMENT DIFFERENTLY THAN OTHER EXAMINATIONS?**
   Your OD should decide how he/she wishes to place infants into the schedule (such as how many slots, when and at what age). The program’s age range is six-12 months of age. Once these assessment time slots have been determined, then schedule the infants in the available slots per office protocol.

2. **WHEN SCHEDULING THE APPOINTMENT, IS THERE ANY SPECIAL INFORMATION THAT WE NEED TO ASK THE PARENT ABOUT OR TO RELAY TO THE PARENTS IN PREPARATION FOR THE ASSESSMENT?**
   Ask the parent about any special concerns or conditions and determine the infant’s schedule to avoid nap time. You should also suggest that a bottle be brought for the child as well as a security toy or object for the infant. Assure parents that the baby will respond better when they are alert and have on a clean, dry diaper.

3. **DO I NEED TO SEND OUT PAPERWORK IN ADVANCE OF THE APPOINTMENT?**
   Yes, it is best if the InfantSEE® Confidential Infant History Form and any registration forms your particular office use are sent at least one week prior to the appointment. The parent/guardian should bring the completed forms with them to the appointment. If your office uses downloadable forms, you will want to add the history form to your web site.

4. **HOW DO I HANDLE REGISTRATION FOR THE INFANT?**
   Registration for an InfantSEE® assessment is no different than any other patient’s registration.

5. **DO WE NEED TO WORRY ABOUT THE FAMILY’S INSURANCE OR COLLECTING ANY CO-PAYS?**
   No. InfantSEE® is a public health program and is no-cost to every infant regardless of family income or insurance availability. BILLING AVAILABLE INSURANCE IS STRICTLY PROHIBITED FOR THE InfantSEE® ASSESSMENT.

6. **CAN WE USE OUR OFFICE’S PATIENT HISTORY FORM OR DO WE NEED A FORM SPECIFICALLY FOR INFANTS BEING SEEN AS PART OF THIS PROGRAM?**
   InfantSEE® has a patient history form specifically for the infant population available for your use; you are welcome to use it or your office’s form of choice.

7. **IF THE INFANT NEEDS TO BE SEEN AGAIN IN OUR OFFICE OR NEEDS TO BE REFERRED FOR CONSULTATION TO ANOTHER DOCTOR, ARE THERE ANY SPECIAL REQUIREMENTS?**
   Yes. The infant’s parent must be advised in all cases both verbally and in writing that the parent is free to choose any eye care practitioner for any follow-up care. A form should be prepared that has that advisory to the parent on it. If the parent decides that the infant is to be followed by your OD, then handle scheduling the appointment as you would for any other patient entering your office. If the infant is referred outside the office, treat the patient record as you would any other patient in your office. Send information as per your office’s protocol and in compliance with HIPAA.

8. **HOW DO WE HANDLE RECALL FOR THE INFANT?**
   Check with your optometrist as to when he/she wishes to have infants return for their next eye exam. The AOA’s Clinical Practice Guidelines for Pediatric Eye and Vision Examinations recommends that infants be seen again at three years of age for asymptomatic/risk-free patients and as needed for at-risk patients. You can find the complete guidelines at [http://www.aoa.org/documents/CPG-2.pdf](http://www.aoa.org/documents/CPG-2.pdf).

9. **HOW DO WE OBTAIN ADDITIONAL BROCHURES WHEN OUR SUPPLY IS DEPLETED?**
   You may simply send an e-mail to orderdept@aoa.org or call 800-262-2210 to place your order for free promotional materials.
EXAM ROOM

1. **When preparing the exam room for the OD, are there specific things I need to be aware of?**
   
   Consult with your OD as to specific tools or items he/she will use during the assessment. Tool that could possibly be used are: hand-held slit lamp, Bluminator, finger puppets, Richman Face Dot Paddles, Patti Pics, Patti Stripes, Teller Cards, or a Good-Lite.

2. **Will the OD need any extra assistance for the infant assessment?**
   
   No more than normal examinations; however, consult with your OD on his/her preferences. The parent/guardian’s role is to hold the infant and keep the infant calm.

3. **Are there extra forms we need to complete for the InfantSEE® assessment?**
   
   Please make use of the InfantSEE® online form. It can be accessed at http://exam.infantsee.org. Once the data is input and submitted, the system e-mails a copy of the form to the OD’s e-mail address. Note: the information captured online is HIPAA compliant. **This data is vital to the InfantSEE® program. Please enter the data and submit it for every infant seen in your office.**

4. **Are there any specific accommodations we should make for infants and their families?**
   
   It is best to have all initial paperwork completed prior to the infant’s arrival in the office and to have them arrive as close to the scheduled appointment time as possible. Keeping wait times to a minimum will allow the infant to be more amiable and less fussy during the assessment.

5. **Are there any specific items to send home with the parent after the assessment?**
   
   Yes, send any findings-report forms your office currently uses for other patients. Also make sure the parent has received the written advisory notice that they are free to obtain follow-up care from any eye care practitioner. You may also choose to give the parents brochures and handouts on what to expect for their infant’s vision as he/she grows and information on when infants and toddlers should be seen again by their OD.

6. **Are there any follow-up measures that need to be completed once the infant has left our office?**
   
   Yes. Sending a findings-report to each patient’s pediatrician or family physician should be a part of the post-assessment routine.

7. **Are there any specific disinfecting/cleaning techniques involved after the infant has left?**
   
   Check OSHA and equipment guidelines for the proper cleaning and disinfection for equipment used in the assessment process. Pay special attention to any items that the infant touched or placed in his/her mouth during the assessment.

**Best practices for InfantSEE® promotion in the office and community**

- Word of mouth is the best way to promote InfantSEE®.
- Tell each patient about InfantSEE®. Even patients who are outside the obvious InfantSEE® target audience (expectant moms, grandparents, etc. You never know which patients may have infants in their families, neighborhoods, etc.
- Wear InfantSEE® bracelets, shirts, etc.
- Place a rocking chair in your waiting room with a sign on or near it that reads “Reserved for InfantSEE® patients.” This is known to really increase the curiosity and visibility of the program within practices that use the chairs.
- Send a post-assessment letter to each infant’s pediatrician. This can open the door to cultivating a professional relationship as well as encourage referrals for other infants.
- Hang a poster in each exam room.
- Include the *Windows to the World* in-office DVD to your loop.
- Host Lunch and Learns with area pediatricians, occupational therapists, early intervention professionals. They are great referral sources.