

**PATIENT UNDERSTANDING AND CONSENT  
FOR VISION & HEARING SCREENING**

**Call for an Appointment: 480-728-3140, Mon-Wed 9am-12pm please bring your consent form and a pen for personal use. Only the children needing screening and one adult will be permitted into the center. If you, or anyone in your home, are sick with fever, cough, sore throat or shortness of breath, please delay your visit**

**Fill out information and sign consent for screening.**

Full Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Hospital/State \_\_\_\_\_ (only 3yrs & under)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Health Insurance:  None  Kids Care  AHCCCS  Private  Indian Health Services  Underinsured (Insurance doesn't cover cost)  Eligible for school lunch program

Child's Race:  Hispanic  White  Black/African American  Asian  American Indian  Alaskan Native  Mixed Race

**GENERAL INFORMATION:** Chandler Regional Medical Center is committed to delivering compassionate, high-quality and affordable health care services. The Vision and Hearing Assessment Clinic will provide assessment and education by trained staff. *(Please note Hearing Screenings are available only up to 19 years of age.)* Students who are directly supervised by qualified staff may occasionally participate in clinic activities. The Vision and Hearing Assessment Clinic maintains current policies including, but not limited to, blood-borne pathogens and infectious diseases and safety. A copy of these policies is available on request.

**CONSENT TO SCREENINGS:** You will at all times have access to current and complete information about the results of you or your child's screening tests. At the Clinic, you or your child may receive one or more of the following: vision screening, hearing screening, and related education. **The Clinic will not provide any follow-up care to you or your child.** If you or your child needs follow-up care, we will provide a list of people who could provide that care. The person you choose may charge you for the care they provide. Before you or your child receives any screening you should ask about the screening and ask any questions you may have before you decide whether or not to give your consent for the screening to be done. We cannot promise that the screenings will help any condition you or your child may have. You have the right to be informed about the risks and benefits of the screenings we recommend. You have the right to consent to or refuse any proposed screening at any time prior to the screening.

**MEDICAL RECORDS:** The medical records are the property of Chandler Regional Medical Center. You have the right to look at and request a copy of you or your child's medical record. You may also ask to have your child's records sent to another health care provider by signing a Release of Information form. Chandler Regional Medical Center also complies with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and you will receive separate information, forms and consents for HIPAA. **In addition, you or your child's medical record may be used to teach others and/or released to Vision 20/20 for data collection. If it is, you or your child's identity will not be disclosed to anyone who is not involved in your child's care and treatment.**

**DISCONTINUANCE OF TREATMENT:** The Clinic reserves the right to discontinue the screenings whenever the Clinic

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believes it is in you or your child's best interest, or in the best interest of the Clinic program. If you have complaints, which cannot be resolved by people at the Clinic, please follow the grievance process.

**SERVICES: Answer for the one receiving screenings today**

**History –**

1. What services are you seeking today?  *Vision Screening*  *Hearing Screening(0-18)*

2. a. Have you had a previous vision screening?  No  Yes

b. Have you had a previous hearing screening?  No  Yes

3. Are there any *concerns* about vision and/or hearing?

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

**The computerized vision assessments** are vision test. *Vision Quest 20/20* is a 2-3 minute computer game that may detect problems with you or your child's vision. *SPOT* is an auto refractor that screens you or your child's eyes at the same time. By measuring the light as it passes through the eyeball, it can detect vision issues quickly. Sometimes these screenings need to be repeated at a later date to get best results. If you or your child does not pass the screening, instructions will be given to you on what to do next.

**The computerized hearing assessments: (This is for 0-18 years of age only)** *Otoacoustic Emissions (OAE's)*. During the *OAE* screening, a very small earpiece is placed in the outer part of the young child's ear. Soft tones and sounds are sent into the inner ear and a small computer measures the ear's response to sound and will let us know how well the inner part of your child's ear is working. *Pure Tone* uses headphones for older children. During the test, the child needs to sit quietly and raise each hand in response to the correct side. These hearing tests are very easy, takes only a few minutes, and won't hurt the child. Sometimes the test needs to be repeated to get best results. If your child does not pass the test, instructions will be given on what to do next. The information about your child may be shared with the Arizona Department of Health Services/Early Hearing Detection and Intervention Unit.

**Your signature on this form certifies that you have read and understood the information provided on this form, that you have had the opportunity to ask questions that have been answered to your satisfaction and that you accept and give voluntary consent for the child to receive the services that you have marked below.**

**Vision Assessment**

**Hearing Assessment (0-18)**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If signed by other than the patient,  
indicate relationship: parent or legal guardian: \_\_\_\_\_

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**Staff Use Only:**

**Name:** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Hearing Results**

**Right Ear**     Pass     Fail     Inconclusive    **Left Ear**     Pass     Fail     Inconclusive

Right Ear	Pass	Refer	Left Ear	Pass	Refer
40dBHL/1000HZ			20dBHL/4000HZ		
20dBHL/1000HZ			20dBHL/2000HZ		
20dBHL/2000HZ			20dBHL/1000HZ		
20dBHL/4000HZ			25dBHL/500HZ		
25dBHL/500HZ					

Type of Test:     OAE     Pure Tone  
 ADHS report sent 0-3yrs -    1<sup>st</sup> time     2<sup>nd</sup> time   
 Fax AZDHS

**Results given:**     No problems found     Inconclusive     1<sup>st</sup> time fail     2<sup>nd</sup> time fail

**Referral** -  
 Hears for Kids     Child's Insurance     PCP Visit

**Vision Results -VQ #** \_\_\_\_\_

**SPOT Results #** \_\_\_\_\_

**VQ Results Screening:**     Pass     Fail     Pass Stereopsis  
**SPOT Results Screening:**     Pass     Fail     Inconclusive

**Right Eye:**    20/30 or better    20/32 or better    **Fail**

                  20/35 or better    20/40 or better

**Left Eye:**    20/30 or better    20/32 or better    **Fail**

                  20/35 or better    20/40 or better

**Both Eyes:** 20/30 or better    20/32 or better    **Fail**

                  20/35 or better    20/40 or better

**SPOT Results:**     6-17 months     18-36 months  
 3-8 years     9-19 years     20-40 years     41-100 years  
 All Measurements Are in Range  
 Inconclusive results \_\_\_\_\_  
 See Ophthalmologist

**Results of Concerns:**     Gaze     Amblyopia  
 Myopia(nearsighted)     Hyperopia(farsighted)  
 Astigmatism(blurry)     Anisometropia



SE:			SE:		
DS:	DC:	Axis@	DS:	DC:	Axis@

**Results Given:**     No problems found     Repeat Test     See Ophthalmologist     Age affected Results

**Equipment Used:**     Vision Quest     SPOT     Inconclusive/Unable to Complete

**Referral** - Vision Quest     SPOT      
 Target/glasses     Insurance     Americas Best     Lions Club     \_\_\_\_\_