



Lions of Michigan Foundation

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(Website) www.lmsf.net (Email) info@lmsf.net



Dear Eye Care Professional:

Each year, the Lions Clubs of Michigan complete vision screenings for thousands of children through Project KIDSight. Our results show that we refer eight to ten percent of the children we screen to eye care professionals for follow-up care, and about ninety percent of the children we refer require ongoing treatment for an eye disorder.

Over the years, our vision screening equipment has proven to be very accurate in identifying vision disorders in children, especially in the one to five year-old age group. However, we understand that the information provided by our mobile screening devices is not meant to be diagnostic. Thus, it is **critically important** that you thoroughly examine and treat the children who receive KIDSight referrals, and our hope is that, regardless of the results of your examination, you will support Project KIDSight and our efforts to ensure that no visual abnormality impedes a child's ability to succeed in life.

Please complete and return the attached Eye Doctor – Referred Child Report Form by email to **info@lmsf.net** or by fax to **517-887-6642**. We rely upon the information you provide to confirm that each of our referred children receives a complete eye examination and to ensure that our vision screening program provides accurate and reliable information.

The success of Project KIDSight is **very** dependent on the participation and counsel of Michigan eye care professionals. We look forward to working with you to improve the eye care of children in Michigan. Thank you for your help.

Dr. John D. Baker, MD
Medical Director – Project KIDSight Michigan

EYE DOCTOR – REFERRED CHILD REPORT FORM

Referred Child: _____ Date of Birth: _____

Date of Vision Screening: _____ Referral Reason(s): _____

Date of Complete Eye Examination: _____

Eye Doctor: _____ Title: MD ___ DO ___ OD ___

Telephone: _____ Email: _____

Method(s) of Vision Testing: Snellen Letters ___ HOTV – E's ___ Pictures ___ Isolated/Linear ___

Child's Uncorrected Visual Acuity: OD _____ OS _____

Method(s) of Assessing Alignment: Penlight Exam ___ Cover Testing ___

Refraction Cycloplegia: ___ Non-Cycloplegia: ___ OD _____ OS _____

Diagnosis of Amblyopia: Yes ___ No ___ Diagnosis of Amblyogenic Risk Factors: Yes ___ No ___

Strabismus ___ Anisometropia ___ Other _____

Treatment: None ___ Glasses ___ Patching ___ Follow-up ___ Other _____

In your professional opinion, were the results of the Project KIDSight Vision Screening accurate? Yes ___ No ___

In your professional opinion, was the referral from Project KIDSight warranted? Yes ___ No ___

Explanation: _____