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|  |  |
|  |  |
|  | Date |



**REFERRAL FOR LOW VISION ASSESSMENT**

*Fields marked with an (\*) are compulsory.*

|  |  |
| --- | --- |
| Full Name\* |  |
| Address\* |  |
|  |  |
| Contact No\* | Home: | Mobile: |
| Email: |  |
| NHS Number\* |  | Date of Birth\* |
| Living situation\* | Alone  | With partner / spouse | With other relative | Residential Care |
| GP Practice\*Name, Address, Tel |  |
| General Health and other disabilities |  |

|  |
| --- |
| Sight Loss Eye Condition (please tick)\*  |
| **R** | **L** |  | **R** | **L** |  |
|  |  | ARMD (Dry) |  |  | Hemianopia |
|  |  | ARMD (Wet) |  |  | Myopic Degeneration |
|  |  | Cataracts |  |  | Keratoconus |
|  |  | Charles Bonnet |  |  | Nystagmus |
|  |  | Diabetic Retinopathy |  |  | Retinal Detachment |
|  |  | Glaucoma |  |  | Retinitis Pigmentosa |
|  |
| If other, please specify: |  |
| Date of last visit to Optometrist: |  |
| Registered\*CVI | SSI | SI | Not registered | Unknown |
| Difficulties\* (Reading, writing, cooking, television, glare)  |  |
| Is the patient available at short notice? Yes / No |
| Have you had a previous Low Vision Assessment in Somerset? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other services of interest:  | Technology support  | Clubs / Activities  | Eye clinic support  | Everyday living / benefit support |
| Any other information:  |  |

|  |
| --- |
| **Client Signature**Signed ..................................................................................................................Date ........................................................If client not present, please tick box to indicate verbal consent given.  |
| **Referrer Details****Signed\*** ........................................................................................................................Print Name\* ...................................................................Date ........................................Practice Name\* ...............................................................................................................Full Address\*....................................................................................................................Tel\*........................................................ Email ................................................................ |