

Vermont Association for the Blind & Visually Impaired

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Doctor Referral Form

Date _____

Referring Person/Dr. _____ Phone _____

Office _____ Fax _____

Address _____

Email _____

Client name _____ **Gender:** M F **D.O.B** _____

Mailing Address _____

Physical Address (if different) _____

Primary Phone no. _____ **Other phone** _____

Reason for referral _____

Degree of visual impairment Totally blind Severe visual impairment
 Legally blind (see below) No information available

Check here if legally blind because of visual field, not acuities

Cause of vision loss

<input type="checkbox"/> Accidental	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Retinitis Pigmentosa
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Stroke	<input type="checkbox"/> Macular Degeneration
<input type="checkbox"/> Detached Retina	<input type="checkbox"/> Myopia	<input type="checkbox"/> Optic Atrophy
<input type="checkbox"/> Diabetic Retinopathy	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

Date of last exam _____

Prognosis:

1. _____ Stable: _____ Progressive: _____

2. _____ Stable: _____ Progressive: _____

Visual Acuities:		R.E.	L.E.	O.U.
Near	without correction	_____	_____	_____
Near	with correction	_____	_____	_____
Distant	without correction	_____	_____	_____
Distant	with correction	_____	_____	_____

Degrees of Visual Field _____

Surgical/Medical History**Treatment Plan**

Meets VT driving requirements? Yes No

Legal blindness is defined as a visual acuity of 20/200 or less in the better eye with best correction possible. People with average acuity who nonetheless have a visual field of 20 degrees or less are also classified as being legally blind.

Doctor's signature _____

Please attach any additional comments.