

# Vermont Association for the Blind & Visually Impaired

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## Eye Care Provider Referral Form

Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Client name:** \_\_\_\_\_ **Gender:** M F Other **DOB:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Physical address (if different):** \_\_\_\_\_

**Primary phone:** \_\_\_\_\_ **Other phone:** \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

**Degree of visual impairment:**  Totally blind  Severe visual impairment  
 Legally blind (see below)  Moderate impairment

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

**Cause of vision loss:**  Accidental  Glaucoma  Retinitis Pigmentosa  
 Cataracts  Stroke  Macular Degeneration  
 Detached Retina  Myopia  Optic Atrophy  
 Diabetic Retinopathy  Unknown  
 Other (explain) \_\_\_\_\_

**Date of last exam:** \_\_\_\_\_

**Prognosis:**

1. \_\_\_\_\_ Stable: \_\_\_\_\_ Progressive: \_\_\_\_\_  
2. \_\_\_\_\_ Stable: \_\_\_\_\_ Progressive: \_\_\_\_\_

<b>Visual Acuities:</b>	<b>R.E.</b>	<b>L.E.</b>	<b>Example</b>
Distant with best correction	_____	_____	20/20
Near with best correction	_____	_____	1M @ 10"

<b>Degrees of Visual Field:</b>	<b>R.E.</b>	<b>L.E.</b>	
	_____	_____	Please include field reports

**Surgical/Medical History:** \_\_\_\_\_

**Treatment Plan:** \_\_\_\_\_

Meets VT driving requirements?  Yes  No

**Legal blindness**, as defined by the SSA, is when CORRECTED vision in your BEST eye is worse than 20/100. People with average acuity who have a visual field of 20 degrees or less are also classified as being legally blind.

**Doctor's signature** \_\_\_\_\_

## **Additional Notes**