Doctor's signature

Vermont Association for the Blind & Visually Impaired

60 Kimball Avenue • So. Burlington VT 05403 • 800-639-5861 • Fax 802-863-1481 • ahershberg@vabvi.org

Date: Eye Care Provide	der Referral Form
Referring Doctor:	Phone:
Office:	-
Address:	
Email:	
Client name:	Gender: M F Other DOB:
Mailing address:	
Physical address (if different):	
Primary phone:	
Desgan for referred	
Reason for referral:	
Degree of visual impairment: Totally blind Legally blind (se	Severe visual impairment re below) No information available
☐ Check here if legally blind because of visual field, not acuities	
Cause of vision loss: Accidental Cataracts Detached Retina Diabetic Retinopathy	☐ Glaucoma ☐ Retinitis Pigmentosa ☐ Stroke ☐ Macular Degeneration ☐ Myopia ☐ Optic Atrophy ☐ Other ☐ Unknown
Date of last exam:	
Prognosis:	
1	Stable: Progressive:
2	Stable: Progressive:
Visual Acuities: R.E.	L.E. O.U.
Near without correction	
	
Dograns of Visual Field	
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.	

Additional Notes