8/29/17

Vermont Association for the Blind & Visually Impaired
60 Kimball Avenue – South Burlington VT 05403 – 800-639-5861

Date ______________

Referral Form

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
- ☐ Legally blind (see below)
- ☐ Severe visual impairment
- ☐ No information available

☐ 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	☐ Other	☐ 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.