

# Vision Rehabilitation Referral Form

From the office of (please include clinic name and phone number below):

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## Type of low vision rehabilitation care requested:

- Consult and render opinion only.
- I am referring this patient to you for a low vision evaluation and ongoing low vision care.
- Other:

\_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Insurance Carrier(s): \_\_\_\_\_

Patient's Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_

Caregiver Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis: \_\_\_\_\_

Today's Date \_\_\_\_\_

Referring Professional: \_\_\_\_\_

Referring Office Location: \_\_\_\_\_

### Patient complains of:

- |   |  |
|---|--|
| <input type="checkbox"/> Decreased distance acuity                    | <input type="checkbox"/> Unusual body-neck-head posture                |
| <input type="checkbox"/> Difficulty with reading                      | <input type="checkbox"/> Vision flashes on and off                     |
| <input type="checkbox"/> Difficulty with glasses (3 Rx changes)       | <input type="checkbox"/> Things jump into field of vision              |
| <input type="checkbox"/> Known V.F. loss                              | <input type="checkbox"/> Unresolved visual complaints                  |
| <input type="checkbox"/> Permanent loss of acuity from 20/50 or worse | <input type="checkbox"/> Post stroke, head injury or other neuro event |
| <input type="checkbox"/> Photophobic or glare problems                | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Diplopia or ghost images                     |  |

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Tech/Staff (signature)

\_\_\_\_\_  
Doctor (signature)

**Please call Dr. Metzger's office at 913-469-8686 to schedule this patient for a vision rehabilitation evaluation.** Please leave a message, if necessary. **Also, FAX this REFERRAL FORM and the patient's current VISION RECORDS to 913-469-8688.**

Thank you for allowing Dr. Metzger to share in your patient's vision care. A report will be sent to your office at the completion of services.