

Low Vision Clinic Referral

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The Low Vision Clinic performs low vision assessments and provides recommendations, prescriptions and instruction for devices such as specialized glasses, magnifiers, CCTVs and adapted computers. We have registered high tech and low tech authorizers for the Assistive Devices Program. The following information is used to arrange and coordinate appropriately individualized CSE services for each patient visit.

Date:	
Referring Doctor:	
Date of Last Eye Exam:	
Doctor's Contact Information:	
Patient's name:	
Date of Birth:	
OHIP Number:	Version Code:
Address:	
Patient Contact Information: Telephone -	
Email:	Other:

Clinical Data

Ocular Health Status	
Diagnosis:	
Prognosis:	
Stable?	YES NO UNSURE Ongoing Treatment?
Scheduled follow-up (if any):	



Centre for Sight Enhancement

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Visual Acuity (best corrected)	Spectacle Refraction
Right Eye: Left Eye:	Right Eye: Left Eye:
Visual Fields: NOT DONE YES (Please include copy of most recent assessment)	
Co-Disability Issues (if any) may include communication, mobility, hearing, cognitive, etc.:	
Other Medical Conditions:	
Does patient currently hold a valid driver's license? YES NO	
Any identified goals for vision rehabilitation	(Please comment or describe, if possible)
Reading (newspaper, personal bills, medicine labels, books, technical reading, etc.) Activities of daily living Watching television Computer Access Independent travel in the community: Work-related or school-related activities Other (Please describe):	

Additional Comments: