

## REFERRAL FORM FOR CLINICAL LOW VISION EVALUATION

Which office? Highlight one : Northwest Hills Eye Care – Austin, TX 11/13/2023 at 9:00 am  
Complete Low Vision Care – Round Rock, TX

Patient name: (DOB):

Referring TSVI:

Patient address:

School district:

City/State/Zip:

Phone:

Phone:

TSVI phone:

Best contact email :

TSVI email:

Parent Name:

Billing contact person:

Billing contact email:

PATIENT DIAGNOSIS:

LAST EYE DOCTOR & EXAM DATE:

Special needs for student:

- Sign language interpreter needed
- Wheelchair
- Spanish interpreter needed
- Other:

Reading level:

- Non-reader
- Pictures
- Primary level
- Intermediate level
- Secondary level

READING RATE:

Reason for Referral: (check all that apply)

- Initial low vision evaluation
- Low vision re-evaluation
- Measure visual acuity & visual fields
- Eligibility for driving
- Eligibility for VI services or TWC/HHSC
- Print vs Braille
- Other: need for cane/O&M

Please check any/all adaptations currently being used:

- Glasses      Highlight one:   wears full time      wears part time      will not wear glasses
- Contact lenses
- Sunglasses
- Magnifier      Highlight one:   hand held stand/dome      Power: \_
- Monocular telescope      Power: \_\_\_\_\_
- Bioptic
- CCTV or Video magnifier      Highlight one:   desktop      portable
- Computer software      Highlight one:   print enlarging      screen reader
- Special lighting   Describe
- White cane
- Other: Please specify:

**The following records MUST be submitted with this referral form:**

Copies of eye examinations, any previous low vision evaluation reports, functional vision and learning media assessments, print reading assessment, orientation and mobility reports, and other pertinent medical data for this referral. **For minor children who will not be accompanied by a parent or legal guardian, permission form must be signed and submitted.**

Return this form plus additional records to NW Hills Eye Care, Attn: Victoria, via hard copy or electronic mail (victoria@nwhillseyecare.com) or FAX to 512-340-0009 **ONE WEEK prior to appointment.** Late paperwork will require rescheduling appointment.

A \$75.00 processing fee will be incurred if the patient “no-shows” without 24-hour prior notice.

If patient is more than 15 minutes late for an appointment, a \$25.00 late fee will be charged.