

# CHARRON VISION THERAPY

## Visual Evaluation Referral Form

Referring Provider: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Guardian(s) Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_

### Diagnoses or Reason(s) for referral:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Strabismus/Eye Turn        | <input type="checkbox"/> Visual Discomfort/Headaches    | <input type="checkbox"/> TBI/Concussion           |
| <input type="checkbox"/> Amblyopia/Lazy Eye         | <input type="checkbox"/> Letter Reversals               | <input type="checkbox"/> Attention/Focus Problems |
| <input type="checkbox"/> Learning Problem           | <input type="checkbox"/> Developmental Delays           | <input type="checkbox"/> Balance/Dizziness        |
| <input type="checkbox"/> Visual Perceptual Problems | <input type="checkbox"/> Eye Tracking Problems          | <input type="checkbox"/> Diplopia                 |
| <input type="checkbox"/> Difficulty with close work | <input type="checkbox"/> Eye-Hand Coordination Problems | <input type="checkbox"/> Autism Spectrum          |

Comments: \_\_\_\_\_

**Refraction:** \_\_\_\_\_ **Spec. / CL Rx. Given?**  Yes  No

OD: \_\_\_\_\_ 20/\_\_\_\_\_

OS: \_\_\_\_\_ 20/\_\_\_\_\_

Ocular health was examined. No ocular abnormalities  Other \_\_\_\_\_

### Testing recommended by referring doctor:

- Refraction:** (includes binocular/accomm. tests)
- Sensorimotor Evaluation:** (includes oculomotor, strabismus, amblyopia, and suppression tests)
- Visual Performance Tests:** (includes other tests pertaining to academics/workplace: DEM, visual memory, eye-hand coordination/handwriting, perceptual, tests for reversals etc.)
- To be determined at evaluation**

**\*PLEASE FAX THIS FORM TO 360 746 8661**

\*\*A copy of all tests results and/or a report will be sent to the referring doctor.

\*Patients will return to referring doctor's office for all primary eye care and eyeglass prescriptions.