Kentucky School for the Blind
Clinical Low Vision Referral Form . PLEASE PRINT

First Name: _____ MI: ____ Last Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Street Address: _____ City: _____ State: _____

Zip _____ District: _____ Phone: _____

Parent / Guardian: _____

Parent / Guardian: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Grade: _____ School: _____

School Address: _____

School Phone: _____ Fax: _____

How Served: ☐ VI Only ☐ VI Multiple ☐ 504 ☐ Other

Primary Reading Medium: ☐Print ☐Braille ☐Auditory ☐Pre-reader ☐Non-reader

VI Teacher: _____

Phone: _____ Email: _____

DoSE: _____

Phone: _____ Email: _____

HISTORY:

Visual condition: Primary: _____

Secondary: _____

Date of Last Exam: _____ with Dr. _____

Near			Distant		
Without Correction	With Correction	With Low Vision Device	Without Correction	With Correction	With Low Vision Device
OD:	OD:	OD:	OD:	OD:	OD:
OS:	OS:	OS:	OS:	OS:	OS:
OU:	OU:	OU:	OU:	OU:	OU:

OD = Right Eye **OS = Left Eye** **OU = Both Eyes**

Prescription lenses/contacts: ☐No ☐Yes … ☐Near ☐Distant ☐Protection ☐Full-Time Wear

Has the student had a clinical low vision before? ☐No ☐Yes ... When? _____

Has there been a recent change in vision? ☐No ☐Yes

If yes, please explain: _____

Did or does the student use: ☐ Magnifier ☐ Monocular ☐ CCTV ☐ Other _____

Without low vision devices, does the student experience difficulty using his or her vision to do any of the following activities:

☐ Reading regular print textbooks
☐ Reading regular print handouts
☐ Reading regular print dictionaries, phone books or maps
☐ Reading labels in clothing
☐ Copying from books
☐ Using a computer
☐ Reading street signs
☐ Reading the board
☐ Matching or identifying colors
☐ Recognizing faces

What is your specific concern about the student's vision loss?

_____
_____
_____
_____
_____

What are one or two activities that you would like to visually make better for the student?

_____
_____
_____
_____
_____

Form completed by: _____ Date: _____

Appointment Preference: ☐ Morning ☐ Afternoon