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| **Low Vision Request Form** |
| * Montague House (Brighton)
* Binocular Vas are 6/18 or worse, OR cannot spot read N8 with +3.00 in good light OR has significant Visual Field Loss
* Must ordinarily be a resident within Brighton & Hove local authority
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| **Patient Details:** | **Optician Address/Details:** |
| **Patient NHS No:** |
| **Date of Birth:** | **GP Address/Details:** |
| **Patient Telephone:** |
| **SEH/PRH Consultant:** |
| **Referrer:** |
| **RIGHT** | **VISUAL ACUITY** | **LEFT** |
|  | ***Distance VA*** |  |
|  | ***Near VA*** |  |
|  | **OCULAR CONDITION** |  |
| **🞎** | ***AMD******Diabetic Retinopathy******Glaucoma******Cataract******Others (please specify):*** | **🞎** |
| **🞎** | **🞎** |
| **🞎** | **🞎** |
| **🞎** | **🞎** |
|  |  |
| ***Appt Type:*** | ***LV & Rehab* 🞎** | ***Initial LV Assessment Only*🞎** | ***LV Review* 🞎** |