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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 | | | | |
| **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* 🞎** |