

Letter of Vision Impairment (LVI 2003)

Optometrist Identification of a Person with Significant Sight Problems

Letter concerning vision impairment needs

About the attached letter

This letter is to be given by an optometrist to people with sight difficulties who would benefit by seeking advice and support from a council with social services responsibilities or its designated agency.

Advice for patients

If you send this letter to your local council to request advice or support it will not affect the provision of any medical care.

You will need to fill in your details on the two page letter attached.

You do not need to send this page or the next.

Your council has a legal duty to:

- advise you of the range of services available to people with sight problems

- carry out an assessment of your needs

If you have any difficulties in relation to these matters, you can obtain independent advice from your local:

Citizens Advice Bureau

society for visually impaired people, or

the RNIB Helpline. Tel. 08457 66 99 99 (local call rate)

If you have a driving licence, please read the important 'Information for driving licence holders'.

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Information for driving licence holders

Every driver must be able to read a pre-September 2001 format number plate at 20.5 metres (or a post September 2001 format number plate at 20 metres) in good light.

If your sight is affecting your ability to drive or if the eye specialist has advised you that you are not safe to drive, you are required to contact the:

Drivers Medical Branch

DVLA

Swansea

SA99 1TU

Tel 0870 600 0301 (Monday to Friday 8.15 to 16.30)

The DVLA must be told at once if:

- you **NOW** have any physical or mental disability or condition which affects your fitness as a driver or which might do so

- IN THE FUTURE** (you do not need to tell DVLA if the effect of

the disability or the condition is not expected to last more than 3 months).

You come to know **IN FUTURE** that you have such a disability or condition.

Failure to comply is a criminal offence. Drivers who do not meet the vision requirements and who come to the attention of the police may be liable for a fine of up to £1,000.

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Letter concerning vision impairment needs

For the attention of:

Mrs Gillian Eastwood; Leeds Adult Social Care, Disability Service Team, 1st Floor Merrion West, Merrion House, 110 Merrion Centre, Leeds LS2 8QB

Tel: 0113 2478625

Web Site:

Date:

Dear Sirs,

I have been advised to contact you because poor eyesight is making daily life difficult. I would like to know about the range of specialist information or help which is available locally from your, or other agencies.

My name is:

The optometrist who suggested I contact you is:

Please contact: Me . A friend . A relative . A representative

.

Name:

Address:

Telephone number (or email address):

Please make contact first by

- . phone . An interpreter or translation will be required
- . visit
- . letter
- . email

I would prefer information in _____
(language)

Please send me further information by:

- . large print . tape
- . computer disk . email to: _____

Please tick any of these statements that apply to you

- . I live alone
- . I have responsibilities as a carer

I have

- . difficulty getting about
- . arthritis
- . a heart condition
- . other condition(s) – please specify

I am especially concerned about

- . cooking on my own
- . crossing roads safely
- . becoming isolated
- . feelings of distress
- . coping at work
- . coping at school / college
- . other – please specify

I am

- . Under 18
- . Between 18 and 59
- . Between 60 and 74
- . Over 75

Yours faithfully,

Please return the completed letter to the following address:

**Mrs Gillian Eastwood; Leeds Adult Social Care, Disability Service Team,
1st Floor Merrion West, Merrion House, 110 Merrion Centre,
Leeds LS2 8QB
Tel: 0113 2478625**