

**Low Vision Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | | **Tel No:** |  | | |
| **Forename(s):** |  | | **Mob No:** |  | | |
| **Surname** |  | | **Email:** |  | | |
| **Gender:** |  | | **Alternative Contact:** | | |  |
| **Date of birth:** |  | | **NHS Number:** | |  | |
| **Address:** | | | **Referred by:** | |  | |
| **Name & Job Title:** | |  | |
| **Signed:** | |  | |
|  | **Postcode:** |  | **Dated:** | |  | |

# Preferred communication

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Letter**  **Large Print** |  | **Telephone** |  | **Email** |  | **Is an interpreter required – Please specify** **language** |

**Reason for referral/Diagnosis:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registration status:** | | | | | |
| **SSI** |  | **PS** |  | **Not Registered** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hearing Impairment if any:** | | | |
| **Partial** |  | **Significant/Deaf** |  |



**Mobility Needs:**

**GP Practice/ Doctors name and address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current prescription - Distance / VA** | | | |
| **Right** |  | **Left** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current prescription - Near / VA** | | | |
| **Right** |  | **Left** |  |

**PLEASE RETURN TO: SIGHT CONCERN BEDFORDSHIRE, 116 BROMHAM ROAD, BEDFORD, MK40 2QN**

**For SCB Only - Sight Concern Newsletter News and Views** **(Consent Required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Consent Given** | **Yes** | **No** | **Written** | **Verbal** |
| **Preferred Format** | **Large Print** | **CD** | **EMail** | **Braille** |

**For SCB Only – Internal Services Required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Low Vision Service** |  | **Demo and sales Luton** |  | **Please specify** |
| **Home visit by volunteer** |  | **General advice/ information** |  |
| **Telephone Befriending** |  | **IT Training** |  |
| **VIA (Luton and Central only)** |  | **IT Clubs** |  |
| **Social Clubs** |  | **IT Advice** |  |
| **Talking Newspapers** |  | **British Wireless for the Blind** |  |

## For SCB only - External Referrals/Signposting required

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ECLO Consent required** |  | **Luton SIT Consent required** | |  | **Bedford SIT Consent required** | |  | **Signposting No consent required** | |
| **Reason:** |  | | | | | | | | |
| **Consent Given:** | **Yes** | | **No** | | | **Verbal** | | | **Written** |

|  |
| --- |
| **Assessment Notes for SCB Only Volunteer Name:** |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Magnifier Prescribed:** |  | **Stock / Order** |  | **Code / Description** |

**I give my consent for Sight Concern Bedfordshire to keep my personal details on file so they can provide me with their services and support. I understand my GP will receive a copy of the optometrist’s report. If you pass relevant information to someone else who can help me, you will ask me first. I understand that I can request a copy of the information held about me at any time.**

**Confirm consent has been given for Sight Concern Bedfordshire to retain relevant personal information:**

**Client Signature**

**Person Taking Details: Date:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name:**  **DOB:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Ethnicity** |  | **Religion** |
|  |  |  |  |
|  | **White - British** |  | **Buddhist** |
|  | **White - Irish** |  | **Christian** |
|  | **White – Other White Background** |  | **Hindu** |
|  | **Asian or Asian British - Indian** |  | **Jewish** |
|  | **Asian or Asian British - Pakistani** |  | **Muslim** |
|  | **Asian or Asian British - Chinese** |  | **Sikh** |
|  | **Asian or Asian British - Other** |  | **No Religious Affiliation** |
|  | **Black or Black British - Caribbean** |  | **Other, please specify** |
|  | **Black or Black British - African** |  |  |
|  | **Black or Black British – Other Black Background** |  | **Employment Status** |
|  | **Mixed – White and Black Caribbean** |  |  |
|  | **Mixed – White and Black African** |  | **Education/Training** |
|  | **Mixed – White and Asian** |  | **Employed Full Time > 30 Hrs** |
|  | **Mixed – Other Mixed Background** |  | **Employed Part Time < 30 Hrs** |
|  | **Arab** |  | **Self Employed** |
|  | **Gypsy or Irish Traveller** |  | **Homemaker/Caretaker** |
|  | **Prefer not to say** |  | **Retired** |
|  | **Other, please specify** |  | **Volunteering** |
|  |  |  | **Unemployed/ looking for work** |
|  |  |  | **Unemployed/not looking for work** |
|  |  |  | **Unemployed/unable to work** |
|  |  |  |  |
|  | **Are there any cultural issues?** |  |  |
|  | **Please specify** |  |  |
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**Demographic Data**