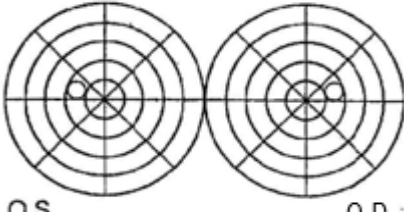




STATE OF UTAH
DEPARTMENT OF WORKFORCE SERVICES
LOW VISION REFERRAL
PATIENTS EYE REPORT

Please send to:
Division of Services for the Blind and
Visually Impaired
250 North 1950 West, Suite 8
Salt Lake City, UT 84116-7902
Phone: (801)323-4343 or 1-800-284-1823
Fax: (801) 323-4396

Name of Patient:				Phone: ()			
Address:				City:		Zip:	
Date of Birth:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to Disclose		Today's Date:		
Date of Examination:						B. Field of Vision Please indicate field if restricted. 	
A. Visual Acuity		Distance Vision		Near Vision			
		W/O Correct	W/Correct	W/O Correct	W/Correct		
O.D							
O.S							
O.U							
Most recent Rx:							
O.O				Add			
O.S				Add			
Cause of vision impairment or blindness:							
Other ocular history or involvements:							
PROGNOSIS							
Is patients vision considered: <input type="checkbox"/> Stable <input type="checkbox"/> Deteriorating <input type="checkbox"/> Uncertain							
EYE DOCTOR CERTIFICATION: (Please note that the following certification should be based on the patient's vision in the best eye with correction)							
I hereby certify that the above-named Patient is:							
<input type="checkbox"/> Legally Blind (20/200 or less vision or 20° visual field)							
<input type="checkbox"/> Visually impaired (20/70 to 20/200 or 20° to 30° visual field)							
<input type="checkbox"/> DSBVI Services Eligible (20/50 to 20/70 deteriorating vision)							
<input type="checkbox"/> DSBVI Services Eligible due to functional vision impairment of physiological origin – please describe (Psychological problems or learning disabilities are not qualifying conditions.)							
Comments or Recommendations:							
Doctors Signature							
Printed or typed Name							
Address							
City, State, Zip							
Telephone							

Equal Opportunity Employer Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling (801)526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah 1-888-346-3162