



CENTRE DE SANTÉ COMMUNAUTAIRE  
**PINECREST-QUEENSWAY**  
COMMUNITY HEALTH CENTRE

**Blind Low Vision Early Intervention Program – Eastern Ontario**  
(613) 820-4922 ext. 3408

**PEDIATRIC OPHTHALMOLOGIST / NEUROLOGIST/ PEDIATRICIAN –  
REFERRAL FORM**

Date: \_\_\_\_\_

Client Name:	
Client DOB:	
Home Phone #:	

**Ophthalmology Diagnosis (if confirmed):**

<input type="checkbox"/> Visual acuity of no better than 20/70 in the better eye after correction
<input type="checkbox"/> Visual field restriction to 20 degrees or less
<input type="checkbox"/> A physical condition of the visual system, which cannot be medically corrected and as such affects visual functioning, to the extent that specially designed intervention is needed. This criterion is reserved for special situations such as, but not restricted to, cortical visual impairment, delayed visual maturation and/or a progressive visual loss where acuity and field deficits alone may not meet the aforementioned criteria. Pediatric ophthalmology will form the basis of eligibility.

Evaluation completed on:			
	Day	Month	Year

Notes:	
Ophthalmologist /Neurologist/ Pediatrician Signature:	

**Fax to Sonia Arruda, Family Support Worker BLV Program**  
**FAX: (613) 820-7427**