

BLIND LOW VISION EARLY INTERVENTION PROGRAM – VISION/EYE REPORT

- Referral to program / initial report
 Update Report
 Consent received to send to the Regional Blind Low Vision Coordinating Agency

CLIENT AND CONTACT INFORMATION

Child's Name:	first/last	Gender: M / F	DOB:	d/m/y
Contact Name:	Day-time Tel:			
Relationship to child:	Other Tel:			
Street Address:	Apt/Unit:			
Town:	P.C.			

SOURCE OF REPORT

<input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Optometrist <input type="checkbox"/> Medical Practitioner				
Name:		Title:		
Organization:	Tel:	Ext.	Fax:	

EYE INFORMATION TO BE COMPLETED BY MEDICAL PRACTITIONER

Primary cause of vision loss:	OD:	OS:	OU:
Other ocular diagnosis (if any):			
Suspected CVI:			
Vision expected to be:	<input type="checkbox"/> Stable	<input type="checkbox"/> Progressive	
Complex Factors:	<input type="checkbox"/> Confirmed Autism	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Other

VISUAL ACUITY

	DISTANCE		NEAR	
	Without correction	With correction	Without correction	With correction
OD				
OS				
OU				

Vision Field Loss:	OD	OS:	OU:
Prescribed treatment:	<input type="checkbox"/> Glasses, Rx:	<input type="checkbox"/> Contacts, Rx:	<input type="checkbox"/> Patching
Medications:			
Other comments (i.e. VEP, ERG results, etc.):			

Signature of Medical Practitioner _____

Date _____

ELIGIBILITY FOR BLIND LOW VISION EARLY INTERVENTION PROGRAM

A child is eligible for the services of the Blind Low Vision Early Intervention Program offered by the coordinating agency in the region where the child resides if one or more of the following exists:

- Visual Acuity of no better than 20/70 in the better eye after correction
- Visual Field restriction to 20 degrees or less
- 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. The criterion is reserved for special situations such as, cortical visual impairment, delayed visual maturation and/ or a progressive visual loss where acuity and field deficits alone may not meet the criteria.

Referrals can be made by anyone; however the presence of one or more of the conditions listed above must be confirmed by an ophthalmologist.

FOR DUFFERIN, HALTON, PEEL, WATERLOO OR WELLINGTON CONTACT:

ErinoakKids, Tel: 905-855-3557 or 1-877-374-6625 Fax: 905-855-5383 or 1-866-764-9607
OR via mail: Central West Blind Low Vision Program, c/o ErinoakKids, 120-2695 North Sheridan Way, Mississauga, ON L5K 2N6

FOR THE CITY OF TORONTO, CONTACT: Toronto Preschool Speech and Language Services / Blind Low Vision Early Intervention Program,

Tel: 416-338-8255 TTY 416-338-0025 Fax 416-338-8511
OR via mail: TPSLS, 225 Duncan Mill Road, Suite 201, Toronto, Ontario M3B 3K9

FOR SIMCOE, MUSKOKA, AND PARRY SOUND CONTACT:

Simcoe Muskoka Parry Sound Blind Low Vision Early Intervention Program,
Tel: 705-739-5696 1-800-675-1979 Fax 705-739- 5674
OR via mail to Children's Development Services, Royal Victoria Hospital of Barrie, 201 Georgian Drive Barrie, Ontario, L4M 6M6

FOR YORK, DURHAM, HALIBURTON, KAWARTHA, AND PINE RIDGE CONTACT:

The Tri-Regional Blind Low Vision Early Intervention Program
Central Intake Tel: 1-888-703-KIDS (5437) Fax: 905-762-2099
OR via mail: Child Development Programs, Markham Stouffville Hospital, 381 Church Street, PO Box 1800, Markham On L3P 7P3

For regions not listed here, please refer to the Blind Low Vision Brochure which was sent under separate cover.