

Braille Institute Services Patient Referral Form



For BIA Use only
Intake Completed on _____

Intake Completed by _____

To the doctor: Please complete this form, return to patient, and fax a copy to the appropriate center (see reverse for fax numbers).

Patient's Name _____ Phone _____

Address _____ City _____ Zip _____

Date of Birth _____ / _____ / _____ Email Address _____

VISION HEALTH	O.D	O.S
Corrected Distance Acuity		
Corrected Near Acuity		
Current Prescription		
Near Add		
IOL (please check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is visual field reduced to 20" or less	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diagnosis _____ Date of Last Exam _____

Etiology _____ Prognosis _____

I certify that the name above is legally blind.

Note: Both visually impaired and blind individuals can receive FREE services from Braille Institute.

REASON FOR REFERRAL

- Low Vision Consultation
 Library Intake
 Counseling
 In-Home Service
 Instruction (options to right):
 Daily Living Skills
 Technology (Assistive/Mainstream)
 Orientation and Mobility
 Arts & Healthy Living Programs (i.e. Music, Fitness)

Additional Information:

Doctor's Name _____ CIRCLE ONE: OPHTHALMOLOGIST | OPTOMETRIST | PHYSICIAN Date _____ Phone _____

Address _____ City _____ Zip _____

Doctor's Signature _____ Email Address _____

TO THE PATIENT: Braille Institute programs and services are FREE, thanks to the support of our generous donors. We provide free programs, services, and consultations to people of all ages and stages of vision loss. Nine out of ten Braille Institute students are not blind, but have been diagnosed with sight loss. All Braille Institute instructors and consultants offer classes and services that empower people who are blind or visually impaired.

Once you receive this form:

1. Contact the Braille Institute nearest you to schedule an appointment.
For more information on other locations in your community, call our main toll-free number at 1-800-BRAILLE (1-800-272-4553).
2. Bring this completed referral form to your initial appointment at Braille Institute.
3. If you are already using magnifiers, eyeglasses, or other assistive technology, please bring them to your initial appointment at Braille Institute.
4. Please call if you need to cancel or reschedule.



1-800-BRAILLE (272-4553)

www.BrailleInstitute.org

Los Angeles Sight Center

741 N. Vermont Avenue
Los Angeles, CA 90029
(323) 663-1111
fax (323) 663-0241

Anaheim Center

527 N. Dale Avenue
Anaheim, CA 92801
(714) 821-5000
fax (714) 527-7621

Rancho Mirage

70-251 Ramon Road
Rancho Mirage, CA 92270
(760) 321-1111
fax (760) 321-9715

San Diego

4555 Executive Drive
San Diego, CA 92121
(858) 452-1111
fax (858) 452-1688

Santa Barbara

2031 De La Vina Street
Santa Barbara, CA 93105
(805) 682-6222
fax (805) 687-6141

Laguna Hills

Neighborhood Center
24411 Ridge Route Drive
Suite #110
Laguna Hills, CA 92653
(949) 330-5062
fax (949) 330-5067