### Client Referral Form

*We suggest providing client with a copy of this referral.*

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Referral Source:</td>
<td>County:</td>
</tr>
</tbody>
</table>

What do you know about the client’s vision diagnosis and how vision loss affects his or her daily life?

Are there other issues we should know about?

Please check areas you recommend we discuss with client:

- [ ] Low Vision Optometric Exam
- [ ] Low Vision Occupational Therapy
- [ ] Adaptive Reading Strategies: possibilities include audio books, text readers, tablets, computer technology, braille and magnification.
- [ ] Low Vision Device Demonstration and Loan Program: talking devices, magnifiers, filters, CCTVs, reading and writing aids, blood sugar monitoring, kitchen safety aids.
- [ ] Adaptive Technology: learning to use the computer, i-Phones or i-Pads via screen readers or magnification software. Basic computer skills, email, internet.
- [ ] Orientation and Mobility: home safety, community navigation, guide techniques, white cane travel skills.
- [ ] Workplace Adaptation: technologies and training for workplace needs.
- [ ] Adaptive Leisure Education: handcrafts, games, woodworking, other activities.
- [ ] Family Education and Support
- [ ] Support Groups and other resources for coping with vision loss

This form is available at www.LCFVL.org/referral