

## Vision Rehab Services

**FAX: Attn: Information & Referral 504-910-0519**

**2 locations serving clients across Southeast Louisiana: Please Check one**

- 123 State Street, New Orleans, Louisiana 70118  
 2773 N. Flannery Road, Baton Rouge, Louisiana 70814

### PATIENT INFORMATION

Patient Name \_\_\_\_\_ Age \_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Best Contact #: \_\_\_\_\_ Date of last visit \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Visual Diagnosis \_\_\_\_\_ ICD-10CM Code \_\_\_\_\_

Best Corrected Visual Acuity	OD	OS	Visual Fields	OD	OS
Best Near			Peripheral		
Best Distance			Central		

### Please check recommendations:

#### Low Vision Clinic/Occupational Therapy

- Occupational Therapy to evaluate & treat for Low Vision Rehabilitation**  
 (To include ↑ peripheral field awareness & eccentric viewing skills as necessary)

#### Equipment Recommendations: *Assess and train with...*

- Near viewing device (lens magnification, CCTV, telescopic reader, etc.)  
 Distance viewing device (monocular, TV glasses etc.)  
 Other assistive devices to improve ADL performance

#### Additional Vision Rehab Services

- |   |  |
|---|--|
| <input type="checkbox"/> Daily Living Skills Training       | <input type="checkbox"/> Support Group (New Orleans Only)          |
| <input type="checkbox"/> Orientation & Mobility Training    | <input type="checkbox"/> Lighthouse Transportation Service (LTS)   |
| <input type="checkbox"/> Braille Classes (New Orleans Only) | <input type="checkbox"/> School Vision Services (New Orleans Only) |
| <input type="checkbox"/> Technology Training                | <input type="checkbox"/> Youth Programs (New Orleans Only)         |
| <input type="checkbox"/> Home Assessment & Training         | <input type="checkbox"/> Low Vision Store                          |
| <input type="checkbox"/> Social Services (New Orleans Only) | <input type="checkbox"/> Other _____                               |

### Physician's Information:

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Ophthalmologist  Optometrist  Neurologist  Internist  Other \_\_\_\_\_

Name of Clinic: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your referral to Lighthouse Louisiana.*

For questions regarding physician referrals, please call 504.899.4501 ext. 238 or visit [www.LighthouseLouisiana.org](http://www.LighthouseLouisiana.org)