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# Vision Rehabilitation Services

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New Orleans, LA 70118

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Baton Rouge, LA 70825

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**Fax: 504-899-4529**

**Phone: 504-899-4501 Ext. 238**

## PATIENT INFORMATION

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of last visit \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary Visual Diagnosis \_\_\_\_\_

ICD-10 Code \_\_\_\_\_

Best Corrected Visual Acuity	OD	OS	Visual Fields	OD	OS
Best Near			Peripheral		
Best Distance			Central		
IOP			Cataracts	(Yes/No)	(Yes/No)

Current Eye Glass Prescription	OD	OS

Please check recommendations:

### Low Vision Clinic/Occupational Therapy

Occupational Therapy to evaluate & treat for Vision Rehabilitation

## Physician's Information

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

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

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date of Referral

Thank you for your referral to Lighthouse Louisiana.  
For more information about our services visit [www.LighthouseLouisiana.org](http://www.LighthouseLouisiana.org)