

Type of vision care requested:

- Consult and render opinion only
- Evaluation and subsequent care if needed
- Other: _____

Patient Name: _____

DOB: _____

Diagnosis: _____

Code (optional): _____

Parent/Guardian Name: _____

Patient's Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Referring Professional: _____

Referring Office: _____

Contact Phone: _____

Check all conditions that apply or are in question:

- | | |
|--|---|
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Lower 1/3 of class |
| <input type="checkbox"/> Asthenopia/visual fatigue | <input type="checkbox"/> Reading/learning problems |
| <input type="checkbox"/> Diplopia | <input type="checkbox"/> Just not doing as well as he/she should |
| <input type="checkbox"/> Strabismus | <input type="checkbox"/> Good student who wants to do better work |
| <input type="checkbox"/> Reduced acuity/amblyopia | <input type="checkbox"/> Good student who takes too long to complete homework |
| <input type="checkbox"/> Convergence insufficiency | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Unsure of responses/Streff Syndrome | <input type="checkbox"/> Infant/toddler |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Toddler/preschool delayed development |

Pertinent diagnostic information and comments:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Visual Fields have been completed on the patient |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dilated Fundus exam was within normal limits |

Doctor (signature)

Date

Please fax this form, the patient's contact information, and current vision records to (913) 469-8688.

We will contact the patient to schedule and prepare them to visit our office. If you have questions, please call (913) 469-8686.

Thank you for allowing Dr. Metzger and his team to share in your patient's vision care. A report will be sent to your office at the completion of services.