3903 Taft Drive, Anchorage, AK 99517-3069
(907)248-7770 1(800)770-7517 (907)248-7517 fax
info@AlaskaBVI.org www.AlaskaBVI.org

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Equipping Alaskans who are blind and visually impaired with skills for success in life and work

REFERRAL FOR SERVICES

Date _____

Person Referred _____ DOB _____

Address _____ Contact # _____

City, State, Zip _____ Cell # _____

Reason for Referral *(services requested if known)*

- ☐ Low Vision Screening / Assessment *(including demo and provision of optical /non-optical devices)*
- ☐ Orientation and Mobility instruction *using a long white cane*
- ☐ Daily Living / Communications / Manual Skills (*for increased independence in home and community)*
- ☐ Home Visit
- ☐ Rural Outreach Visit
- ☐ Other _____

Eye Condition / Diagnosis *(if known):* _____

Pertinent medical conditions *(Diabetes, Stroke, etc.)* _____

FOR VISION PROFESSIONALS

Referring Professional: _____

Clinic Name and location *(if applicable)* _____

If Specialist, please indicate original Referring Professional _____

Eye Condition Diagnosis *(or please fax the result of the most recent eye examination to 907.248-7517):*

_____

Best corrected acuity: DVA OD_____ OS_____ with correction or without

NVA OD_____ OS_____ with correction or without

Visual Fields: OD _____ OS _____

Referredby: _____ *Contact #* _____