

The Guardian Centre

67 Clarendon Road

Colliers Wood

SW19 2DX

Tel: 02085405446

Email: info@mertonvision.org.uk

Referral to MertonVision

\* **Denotes obligatory response**

\*Referral: Self or Professional circle as appropriate

\*GDPR: Consent to pass information to other health individuals Y/N

\*Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*NHS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Title:

Mr, Mrs, Miss, Dr, Other

\*Forename(s):

\*Family Name:

\*Date of Birth (dd/mm/yyyy):\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Postcode:

\*Address:

\*Telephone and/or Mobile number:

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\*Email:

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\*Next of Kin:

Name:

Relationship to client:

Telephone number:

\*Eye Condition(s):

\*Registration status:

Severely Sight Impaired/Blind: YES/NO

Sight Impaired/Partially Sighted: YES/NO

\*Other disabilities (inc hearing loss):

\*Is an interpreter required? YES/NO

Preferred Language/Format:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives alone: YES/NO

Any support in place (via Local Authority, Independent Sector, Family/Friends):

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\*Reasons for referral:

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| --- |
|  |

\*Details of Referrer

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Risk assessment: We are committed to keeping staff and service users safe. Are there any potential risks attached to the client that you should make us aware of?

Any risk reducing actions that you would advise us to take?

Support required from MertonVision

\*Rehabilitation: YES/NO

\*Low Vision Appointment: YES/NO

\*Social activities: YES/NO

\*Working age group (18-60 years): YES/NO

\*Information about MertonVision: YES/NO

\*Living with sight loss: YES/NO

\*Volunteer/befriender/form filling/employment support: Circle answer

\*Accessible technology YES/NO

\*Orientation and Mobility Training YES/NO

Employment support/Preparation YES/NO

Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP details

GP:

Surgery:

Address:

Referrer’s details

Name:

Job title:

Email:

Telephone number: