

The Guardian Centre

67 Clarendon Road

 Colliers Wood

SW19 2DX

 020 8540 5446

info@mertonvision.org.uk

Referral to MertonVision

Referral: Self or Professional circle as appropriate

Details of Referrer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Title:

Forename(s):

Family Name:

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

Postcode: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Telephone and/or Mobile number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives alone: YES/NO

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

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

Reasons for referral:

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| --- |
|  |

Support required from MertonVision

Information about MertonVision: YES/NO

Low Vision Clinic Appointment: YES/NO

Vision Rehabilitation Training- Daily living skills/Mobility Training circle answer/s

Working Age Group social activities (18-64 years): YES/NO

Employment Support/Preparation (18-64) YES/NO

Social activities (65+): YES/NO

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

Accessible technology YES/NO

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?

Referrer’s details

GP name:

Job title:

Email:

Telephone number:

GP details:

Surgery:

Address: