Alexandar Andrich, OD, FCOVD
Angelina Cerny, OD, FCOVD
Joseph Schwartz, OD, FCOVD
Patricia Andrich, OTR/L, COVT

The VISION Development Team

Scan here for our locations

PATIENT INFORMATION:

Name: _____ Date: _____

Phone: _____ DOB: _____

I am referring the above patient to your office for the following reasons:

- ❑ Accommodative Dysfunction
- ❑ Concussion/Brain Injury/Stroke
- ❑ Convergence Insufficiency
- ❑ Double Vision
- ❑ Dyslexia
- ❑ Eye Strain/Headaches
- ❑ Fluctuating Acuity/Rx
- ❑ Infant/Pre-School Evaluation
- ❑ Orthokeratology
- ❑ Primitive Reflex Evaluation (attention, balance, sensory integration and or motor coordination)
- ❑ RightEye (Computerized analysis of reading skills based on eye movements)
- ❑ Sports Vision Assessment (Amateur / HS / College / Pro)
- ❑ Strabismus/Amblyopia
- ❑ Visual Perceptual Evaluation (Poor school performance)
- ❑ Visual Auditory Processing
- ❑ QEEG Brain Map, Neurofeedback consult
- ❑ Other: _____

COMMENTS: _____

REFERRING PROVIDER INFORMATION:

Name: _____

Address: _____

Phone: _____

OFFICE REQUESTED:

- ❑ Beachwood
- ❑ Westlake
- ❑ North Royalton

❑ Permission to contact patient/guardian: _____
Signature of patient/guardian

www.sensoryfocus.com Website
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440-698-0013 Fax

Feel the Joy of Success!