



PATIENT REFERRAL FORM – HEALTH CARE PROFESSIONALS

Referring Professional (please circle one):

Doctor OT Chiropractor Psychologist Physiotherapist Other _____

Name: _____ Practice Name: (If Applicable) _____

Phone #: _____ Fax #: _____

Date of referral: _____ Email Address: _____

Patient Information

Name: _____

Address: _____

Email Address: _____

Phone #: _____ Cell #: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____

Guardian name(s) if a minor: _____

Referral for: Comprehensive Eye EXam (maybe covered by OHIP/ Insurance Covered) Vision Therapy (Not OHIP Covered; Maybe Covered by Insurance)

Reason for Referral

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Learning Problems | <input type="checkbox"/> Lazy Eye/TurnedEye | <input type="checkbox"/> Post Brain Injury/Concussion | <input type="checkbox"/> Double Vision |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Stroke | <input type="checkbox"/> Sports Vision Enhancement | <input type="checkbox"/> Dry/Watery Eyes |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Frontal headaches/ Eye Strain | <input type="checkbox"/> Laser Eye Surgery |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> High Cholesterol or Blood Pressure | <input type="checkbox"/> Contact Lenses |

Additional Comments:

Please inform your patient that visual skills assessments and therapy sessions are **not covered by OHIP**. Our office cannot determine if your patient has coverage through their extended health insurance. We recommend the patient contact their personal insurance provider to inquire if coverage is reserved for 'Vision Training' and assessments. We are not able to submit directly to insurance companies for visual assessments and training. We can provide patients with the invoice receipts for submission/reimbursement.

If your patient sustained injuries due to a motor vehicle accident, and currently has a claim open with their auto insurance company, we **can submit an OCF-18 through HCAI for funding**.

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