



DR. DEBBIE LUK, DR. PATRICK WU & ASSOCIATES
 Residency-Trained Optometrist in Vision Therapy and Rehabilitation
 Board-certified Fellow in Vision Development and Vision Therapy (FCOVD)

VISION THERAPY ASSESSMENT REFERRAL

Today's Date _____

_____ Patient's Name

Referring Professional

_____ DOB _____ AHC

Name:

_____ Telephone

Address:

Tel:

_____ Email

Fax/Email:

_____ Address

REASON FOR REFERRAL:

- | | | |
|--|--|---|
| <input type="checkbox"/> Strabismus | <input type="checkbox"/> Eye Tracking/Oculomotor | <input type="checkbox"/> Perceptual Evaluation |
| <input type="checkbox"/> Amblyopia | <input type="checkbox"/> Accommodative Dysfunction | <input type="checkbox"/> Sports Vision Evaluation |
| <input type="checkbox"/> Children with Special Needs | <input type="checkbox"/> Binocular Dysfunction | <input type="checkbox"/> Traumatic Brain Injury |

Refraction OD _____ 20/____ OS _____ 20/____

COMMENTS/RELEVANT EXAMINATION RESULTS:

Please note that assessments are held at the Bridgeland clinic, but vision therapy sessions can be performed at one of the three locations below or via Zoom (for certain diagnosis):

Bridgeland
 #5, 1010- 1 Ave NE
 Calgary AB T2E 7W7
 Tel: (403) 269-9579

Panorama Hills
 34 Panatella Blvd NW
 Calgary AB T3K 6K7
 Tel: (403) 248-3937

Douglasdale
 76-4307 130 Ave SE
 Calgary, AB T2Z 3V8
 Tel: (403) 726-2388

*Please Fax this form to (403) 269-3109
 Our office will contact the patient to book an appointment*