



Date: _____

Binocular Vision and Visual Perception Referral Form

From: _____

Tel: _____

**To: Optometry Clinic,
School of Optometry, Room A034,
The Hong Kong Polytechnic University**

e-submission: <https://polyu.hk/wmHZd>

Tel: 2766 5225

Fax: 2362 5440



Patient name: _____

Gender: M / F

Age: _____

Your Ref: _____

Tel: _____

Reason of referral

Clinical findings

I would like to refer the above patient for the following assessment(s):

- Binocular Vision Assessment (Subsequent vision training: \$550 per session) HK \$680
- Visual Perceptual Assessment (Assessment for learning related vision problem) HK \$2,100
- Hess chart test HK \$1,700
- Field of binocular single vision HK \$1,100

Subjective refraction:

| | Sphere | Cylinder | Axis | Add |
|----|--------|----------|------|-----|
| RE | | | | |
| LE | | | | |

Specific remarks: cycloplegic (cycloplegic agent: _____) /

non-cycloplegic / _____

(Optometrist/ Ophthalmologist)