THE HONG KONG POLYTECHNIC UNIVERSITY
香港理工大學
SCHOOL OF OPTOMETRY
眼科視光學院

Date:

Vision Rehabilitation 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:** _____

Cause of referral (Clinical findings/diagnosis/Aims):

- Eye-related causes: Macular degeneration / Glaucoma / Diabetic maculopathy/ Cataract / Retinitis pigmentosa /
- Neurological-related causes: Stroke / Tumor / Traumatic brain injury /
- Other causes: _____
- _____

Habitual/ Best corrected vision:

	Visual acuity	Visual field
OD		Full / Central field loss / Peripheral field loss
OS		Full / Central field loss / Peripheral field loss

Specific remarks: _____

Clinical procedures include vision assessment, possible visual aids (magnifier, telescope, filter) and visual training.

_____
(Optometrist/ Ophthalmologist)

Updated on 1 Dec 2021