Request for Service

cnib vision health. vision hope. | inca santé visuelle, une vision pour l'avenir.

CNIB services are available to people who have difficulty with everyday activities due to vision loss. Visit us online at **cnib.ca**.

Section A — Information about the person requiring service

APPLICANT

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other: _____

First Name: Initial: Last Name:

Date of Birth • Month: Day: Year:

Address:

City: Province: Postal Code:

Email:

Phone Numbers • Day: Evening: Cell:

Would you like us to call someone else to arrange appointments with you or to ask for information about you?

☐ No ☐ Yes (*If yes, please complete the "Contact" section below)

CONTACT

First Name: Initial: Last Name:

Relationship:

Email:

Telephone Number:

X Signature of applicant or applicant's guardian

Date:

I would like to find out more about CNIB services. I agree that CNIB can ask my health care professional for medical information about me. I understand that CNIB will respect the confidentiality of my personal information.

continue on reverse ➡

First Name: Last Name: Date of Birth:

Section B — Information about referral

REFERRAL SOURCE

Please complete this section when you are referring an applicant to CNIB.

- ☐ Ophthalmologist
- ☐ Optometrist
- ☐ Doctor
- ☐ Family
- ☐ Seniors Residence
- ☐ Hospital
- ☐ Community Agency
- ☐ Friend
- ☐ Other:

Contact Name: Title:

Organization: Telephone: ext:

Email:

Section C — Eye Information to be completed by a Doctor

FIELD OF VISION

- ☐ Normal
- ☐ Hemianopsia
- ☐ Other abnormality: (describe)
- ☐ Less than 20° diameter both eyes (describe)

BEST CORRECTED ACUITY	DISTANCE	NEAR
	OD:	OD:
	OS:	OS:
	OU:	OU:

CORRECTION				
	OD:	Add:	OS:	Add:

KNOWN CAUSE OF VISION LOSS

Primary diagnosis: OD: OS:

Other eye conditions: OD: OS:

Other related health conditions:

Comments:

Date of examination: Doctor's Name:

- ☐ Ophthalmologist
- ☐ Optometrist
- ☐ Other: (describe)

Telephone: Fax:

Email:

X Signature: Date:

CNIB USE ONLY Date Received: ICD9 Code:

Status Y ☐ N ☐ Signature: