AUSTRALIAN COLLEGE OF OPTOMETRY

LOW VISION PATIENT REFERRAL

For referral to the Australian College of Optometry Low Vision Clinic in Carlton.

PATIENT DETAILS

Patient name

Address

Suburb Postcode

Contact telephone Date of birth

OCULAR CONDITIONS

Diagnoses

Corrected visual acuity RE LE

Visual field defects

Other notes

REFERRING PRACTITIONER DETAILS

☐ Ophthalmologist ☐ Optometrist ☐ Other

Name

Address

Date of last exam Date of next review

Signature Date

Please return to:
Low Vision Clinic
Australian College of Optometry
Cnr Cardigan and Keppel Street
Carlton 3053

Tel: 9349 7400
Fax: 9349 7499
Email: clinic@aco.org.au
Web: www.aco.org.au

In partnership with:
vision australia
blindness and low vision services