FUTURE IN SIGHT • 25 Walker Street • Concord, NH 03301
(603) 224-4039 • Fax (603) 224-4378

REFERRAL FORM

****PLEASE INCLUDE A COPY OF YOUR LATEST EYE EXAMINATION REPORT****

DEMOGRAPHIC INFORMATION

Patient's Name____ DOB__________________________M/F________

Patient's Address____ Phone____________________________________

Primary Insurance__________________________Subscriber_____________Policy Number______________________________

Secondary Insurance________________________Subscriber_____________Policy Number______________________________

VISION INFORMATION

Distance Acuity OD: _______________ OS________________ Near Acuity OD: _______________ OS______________________

Visual Field Deficits: If so, please note: OD ________________________ OS _______________________

Scotoma: ☐ OD ☐ OS Does this patient meet requirements to be legally blind? ☐No ☐Yes If yes, date of onset:_________

Diagnosis:____

Comments or Special Instructions:____

Date of this examination: _____/_____/_________ Date of next appointment: ______/______/_________

SIGNATURE AND CONTACT INFORMATION

Doctor's Signature:____ Please Print Name____________________________

This referral is for evaluation and treatment.

Address: ____ Phone: _________________ Fax: _______________________

COMPLETE THE SECTION BELOW ONLY IF YOU ARE NOT INCLUDING A COPY OF YOUR LATEST EXAMINATION REPORT

Please list ALL medications, or attach a copy of medication list: ____

____

Past ocular procedures and dates, if known:
- Cataract extraction ☐No ☐Yes : ☐OD ☐OS
- Laser Tx ☐No ☐Yes : ☐OD (Check reason) ☐OS (Check reason)
- Injections ☐No ☐Yes : ☐OD ☐OS

OD	OS
☐ Nd:YAG	☐ Nd:YAG
☐ Tx for diabetic retinopathy	☐ Tx for diabetic retinopathy
☐ Tx for macular degeneration	☐ Tx for macular degeneration
☐ Tx for glaucoma	☐ Tx for glaucoma
☐ Other_______________	☐ Other _______________

Prognosis: Stable? ____________ Progressing slowly?____________ Progressing rapidly?____________ Unknown?____________

Family History: ____

Date of refraction: ______/_______/__________

Current Eyeglass Rx:

	Sphere	Cylinder	Axis	Add
OD				
OS				