

# The Chicago Lighthouse Low Vision Clinic

1850 W. Roosevelt Rd. | Chicago, IL 60608 Tel: (312) 997-3686 | Fax: (312) 997-3663

Patient's name



## The Chicago Lighthouse Vision Rehabilitation Center

222 Waukegan Rd. | Glenview, IL 60025 Tel: (847) 510-6200 | Fax: (847) 729-2207

# CONSULTATION REQUEST FORM

Address	City/Zip		
Phone	Date of birth		
Diagnosis/Cause of V	ision Loss		
Visual Acuity: OD	OS		
We are requesting LVR C	onsultation because the	patient is having diffict	ulty with the following tasks:
<ul> <li>□ Near Tasks (reading</li> <li>□ Distance Tasks (seed of the properties)</li> <li>□ Photophobia (indo of the properties)</li> <li>□ Mobility (hemiano)</li> <li>□ Vocational (mainta of the properties)</li> <li>□ Other</li> </ul>	eing street signs, face or and outdoor glare psia, constricted field iining or finding work	s, & television) ) s)	oills)
Doctor's name			_ NPI#
Address			(Required for consult)
Phone			
Signature			
	mpleted form and co quire additional Cons		nost recent eye exam by orms, please call.
Preferred location:			☐ Appt. already made  ∩ Memorial ☐Tradewinds, IN

### CLINIC LOCATIONS

#### Chicago

1850 W. Roosevelt Rd. Chicago, IL 60608

#### Glenview

222 Waukegan Rd. Glenview, IL 60025

#### Elk Grove Village

Eberle Medical Office Building at Alexian 800 Biesterfield Rd. Elk Grove Village, IL 60007

#### Northwestern Memorial

Dept. of Ophthalmology, Galter Pavilion 675 N. St. Clair, 15th Floor Chicago, IL 60611

#### Flossmoor

Ingalls Family Center, Room 1423 19550 Governors Hwy. Flossmoor, IL 60422

#### **Tradewinds**

3198 E. 83rd Pl. Merrillville, IN 46410