The Chicago Lighthouse

Referral Form

Please send this form with a copy of the medical record to:
lowvisionconsults@chicagolighthouse.org
F: (312) 997-3663

www.chicagoligthouse.org

Patient Information

Name

DOB (mm/dd/yyyy)

Phone

Date

Address

Insurance Provider

Policy#

Is this an HMO? Yes ☐ No ☐

Diagnosis

Visual Acuity

The Low Vision Rehabilitation service can assist your patients with distance and near tasks, photophobia, mobility, vocational rehabilitation, occupational therapy, driving rehabilitation and psychological support.

Referral Info

- ☐ Low Vision Rehabilitation
- ☐ Pediatric Low Vision Rehabilitation
- ☐ Specialty Contact Lenses
- ☐ Electrodiagnostic Testing
- ☐ Inherited Retinal Disease
- ☐ Diabetic Retinopathy Screening
- ☐ Developmental Disability
- ☐ Primary Care Optometry

Provider Information

Provider Name

E-Mail

NPI

Phone Number

Street Address

City / State / Zip

Additional Comments: