

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) | DOB (mm/dd/yyyy) | | |
| Phone | Date | Date | | |
| Address | | | | |
| Insurance Provider | Policy# | Is this an HMO? Y | es No | |
| Diagnosis | | | | |
| Visual Acuity | | | | |
| | | upational therapy, driv | | |
| Referral Info | | | atinonathy | |
| Rehabilitation | Electrodiagnostic Testing | Diabetic Retinopathy Screening | | |
| Pediatric Low Vision Rehabilitation | | Developme Disability | ental | |
| Specialty Contact Lenses | Inherited Retinal Disease | Primary Ca Optometry | | |
| Provider Information | | | | |
| Provider Name | E-Mail | | | |
| | Dhawa Ni | | | |
| NPI | Phone N | umber | | |
| Street Address | City / Sta | City / State / Zip | | |
| Additional Comments: | | | | |
| | | | | |
| | | | | |
| Antown Chicago vestern Memorial cal Satellite Clinic P. E. Frie Street Suite 1520 cago, IL 60611 (847) 510-6200 North Suburbs The Chicago Lighthouse North 222 Waukegan Road Glenview, IL 60025 (847) 510-6200 | Illinois Medical District The Chicago Lighthouse 1850 W Roosevelt Road Chicago, IL 60608 (312) 997-3686 | Southwest Suburbs U Chicago Medicine – Ingalls Memorial Hospital 19550 Governors Hwy. Flossmoor, IL 60422 | Northwest Indiar TradeWinds 3198 E. 83rd Pl. Merrillville, IN 464 (312) 997-3686 | |