

# BLIND-LOW VISION EARLY INTERVENTION PROGRAM – VISION/EYE REPORT

Referral to program / initial report  
 Update Report  
 Consent received to send to the Regional Blind-Low Vision Program

## CLIENT AND CONTACT INFORMATION

Child's Name: <small>first/last</small>	Gender:	M	F	DOB: <small>d/m/y</small>
Contact Name:	Day-time Tel:			
Relationship to child:	Other Tel:			
Street Address:	Apt/Unit:			
Town:	P.C.			

## SOURCE OF REPORT -

Ophthalmologist	Optometrist	
Name:	Title:	
Organization:	Tel:	Fax:

## EYE INFORMATION TO BE COMPLETED BY MEDICAL PRACTITIONER -

Cause of vision loss:	OD:	OS:	OU:
Other ocular diagnosis (if any):			
Suspected CVI:	Yes	No	
Vision expected to be:	Stable	Progressive	
Complex Factors:	Confirmed Autism	Hearing Loss	Other

## VISUAL ACUITY -

	DISTANCE		NEAR	
	Without correction	With correction	Without correction	With correction
OD				
OS				
OU				

Vision Field Loss:	OD:	OS:	OU:
Prescribed treatment:	Glasses, Rx:	Contacts, Rx:	Patching
Medications:			
Other comments (i.e. VEP, ERG results, etc.):			

Signature of Medical Practitioner

Date

## **ELIGIBILITY FOR BLIND-LOW VISION EARLY INTERVENTION PROGRAM**

A child is eligible for the services of the Blind Low Vision Early Intervention Program offered by the coordinating agency in the region where the child resides if one or more of the following exists:

Visual Acuity of no better than 20/70 in the better eye after correction

Visual Field restriction to 20 degrees or less

A physical condition of the visual system which cannot be medically corrected and as such affects visual functioning to the extent that specially designed intervention is needed. The criterion is reserved for special situations such as, cortical visual impairment, delayed visual maturation and/or a progressive visual loss where acuity and field deficits alone may not meet the criteria.

Referrals can be made by anyone; however the presence of one or more of the conditions listed above must be confirmed by an ophthalmologist.

### **FOR DUFFERIN, HALTON, PEEL, WATERLOO OR WELLINGTON CONTACT:**

**ErinoakKids**, Tel: 905-855-3557 or 1-877-374-6625 Fax: 905-855-5383 or 1-866-764-9607 OR via mail:  
Central West Blind-Low Vision Program, c/o ErinoakKids, 120-2695 North Sheridan Way, Mississauga, ON  
L5K 2N6

### **FOR THE CITY OF TORONTO, CONTACT: Toronto Preschool Speech and Language Services / Blind-Low Vision Early Intervention Program,**

Tel: 416-338-8255 TTY 416-338-0025 Fax 416-696-3450  
OR via mail: TPSLS, 225 Duncan Mill Road, Suite 201, Toronto, Ontario M3B 3K9

### **FOR SIMCOE, MUSKOKA, AND PARRY SOUND CONTACT:**

**Simcoe Muskoka Parry Sound Blind-Low Vision Early Intervention Program,**  
Tel: 705-739-5696 1-800-675-1979 Fax 705-739- 5674  
OR via mail to Children's Development Services, Royal Victoria Hospital of Barrie, 201 Georgian Drive  
Barrie, Ontario, L4M 6M6

### **FOR YORK, DURHAM, HALIBURTON, KAWARTHA, AND PINE RIDGE CONTACT:**

**The Tri-Regional Blind-Low Vision Early Intervention Program**  
Central Intake Tel: 1-888-703-KIDS (5437) Fax: 905-762-2099  
OR via mail: Child Development Programs, Markham Stouffville Hospital, 381 Church Street, PO Box 1800,  
Markham On L3P 7P3

For regions not listed here, please refer to the Blind-Low Vision Brochure which was sent under separate cover.

The Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 5 and the Ontario Public Health Standards, 2008, Healthy Babies Healthy Children Protocol. The information is used for the Blind Low Vision Early Intervention Program Vision/Eye Report. Questions about this collection can be directed to: Health Promotion Consultant, Quality Assurance, Healthy Families / Healthy Living, 277 Victoria St., 3<sup>rd</sup> Floor, Toronto, ON, M5B 1W2 or by telephone: 416-338-7600.