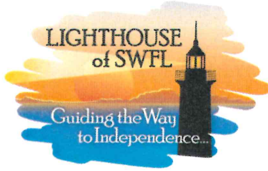
Updated 5/30/2018



Lighthouse of SWFL, Inc.
35 W. Mariana Avenue, North Fort Myers, FL 33903
Phone: (239) 997-7797 • Fax: (239) 656-1576

CLIENT REFERRAL

PLEASE FAX THIS FORM TO (239) 656-1576

Client Name: ____________________

Social Security No.: ____________________ **Date of Birth** ____________________

Address: ____________________

Phone: Cell ____________ **Landline:** ____________ **Email:** ____________

Date of last exam: ____________________

Visual acuity: CC: OD ____________________ OS ____________________

Level of impairment: Blind ☐ Legally Blind ☐ Visually Impaired ☐

Other ☐ ____________________

Diagnosis: ____________________

Referral for the following services:

- ☐ Adjustment to Blindness Counseling
- ☐ Assessment of Need
- ☐ Independent Living Skills Training
- ☐ Self Advocacy Training
- ☐ Peer or Facilitated Support Group
- ☐ Recreation and Leisure Activities
- ☐ Computer/Assistive Technology Training
- ☐ Orientation and Mobility
- ☐ Community Integration
- ☐ Low Vision Evaluation
- ☐ Optical/Non Optical Device Training (Eccentric Viewing, Magnification Training, etc.)

____________________ ____________________
Signature of Doctor **Print Doctor's Name**

____
Name of Practice **Business Address**

____
Phone Number **Fax Number** **Date**

All information is kept confidential

FOR OFFICE USE ONLY

Referral received ____________ **Contact date:** ____________ **Appt. date:** ____________

Client ID#: ____________ **Referred by:** ____________

Services needed: **ATB** **ADL** **AT-P** **AT-C** **EV** **LV** **O&M** **VR**

Notes: ____________________

Florida Agencies Serving the Blind
Moving Beyond Vision Loss