Send completed referrals to [BSHASC@brighton-hove.gov.uk](mailto:BSHASC@brighton-hove.gov.uk) This service is delivered from Montague House (Brighton). Enquiries: 01273 290409. The Low Vision (LV) / Vision Rehabilitation Service is run by the Vision Rehabilitation Specialists at Brighton & Hove Council, Social Care.

* **LV**: A low vision appointment would look mainly at reading needs and issuing low vision aids such as magnifiers on a long-term loan basis.
* **LV & Rehab**: A low vision & rehabilitation appointment would cover this and any additional needs such as orientation & mobility (including white cane training), food & drink preparation, personal care and technology.

Should someone not be able to come into Montague House, please refer to social care [via our Access Point](https://www.brighton-hove.gov.uk/adult-social-care/adult-social-care-i-want-refer-someone-social-care)

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| **Inclusion Criteria** | | | | | | | | | |
| * Binocular visual acuities are 6/18 or worse *or* * Cannot spot read N8 with +3.00 in good light *or* * Has significant visual field loss   and   * Must ordinarily be a resident within Brighton & Hove local authority | | | | | | | | | |
| **Patient Demographics** | | | | | | **GP Practice Details** | | | |
| Surname |  | | | | | GP | |  | |
| First names |  | | | | | Referral date | |  | |
| DOB |  | | [Sex] | | | Email | |  | |
| NHS No. |  | | BMI | [BMI] | | Tel | |  | |
| Email |  | | | | | Practice ID | |  | |
| Address |  | | | | | Address |  | | |
| Tel home |  | | | | | Tel mobile | |  | |
| Ethnicity |  | | | | | | | | |
| **Supporting Accessibility Information** | | | | | | | | | |
| Accessibility adjustments required (e.g. cognitive, sensory, mobility issues).  Please give details: | | | | | | | | | |
| Interpreter required. Preferred language: | | | | | | | | | |
| Carer attending/involved. Contact details: | | | | | | | | | |
| Permission to contact NOK/third party about referral if necessary | | | | | | | | | |
| **Referral Type** | | | | | | | | | |
| Initial LV Assessment  LV & Rehab  LV Review | | | | | | | | | |
| **Clinical Details** | | | | | | | | | |
| **Ophthalmology Consultant:**  **Details:** | | | | | | | | | |
| **Right** | | **Visual Acuity** | | | | | | | **Left** |
|  | | Distance VA | | | | | | |  |
|  | | Near VA | | | | | | |  |
| **Ocular Condition** | | | | | | | | | |
|  | | AMD | | | | | | |  |
|  | | Diabetic Retinopathy | | | | | | |  |
|  | | Glaucoma | | | | | | |  |
|  | | Cataract | | | | | | |  |
|  | | Other (please specify) | | | | | | |  |
| **Referred By** | | | | | | | | | |
| Name |  | | | | Role | | |  | |
| Contact |  | | | | Date | | |  | |