Send completed referrals to 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 |  |