Centre de réadaptation **MAB-MACKAY** Rehabilitation Centre

REFERRAL FORM

Information on the eye condition

REHABILITATION CENTRE ADMISSIBILITY CRITERIA

Persons eligible to receive vision rehabilitation services must satisfy two specific criteria:

- **be diagnosed with an ocular pathology by a vision specialist;**
- **experience significant difficulties in executing one or more life habits as a result of their visual impairment.**

Name: ______________________________________ **Given Name:** ______________________________________

Address: ____

____ **Postal Code:** ________________________

Tel.: Home (   ) _______ - ________   Work (   ) _______ - ________   Cell (   ) _______ - _________

Date of Birth: ______/______/______
year   month   day

RAMQ: ______________________________________**Expiration Date:** ______________

1. **Date of last eye exam:** ________ / _______ / ________
year   month   day

2. **Diagnosis:** O.D.: ____
O.S.: ____

3. **Best distance visual acuity (with ophthalmic correction)**:
O.D.: _______________ O.S.: _______________ O.U.: __________________

4. **Refraction:** O.D.: ______________ O.S.: _______________

5. **Peripheral visual fields (include a copy of visual fields examination, if possible):**
OD Horizontal: ______________________________ OS Horizontal: __________________________
______________________________ __________________________

6. **Intraocular pressure:** O.D. _____ O.S. ______ mm Hg. ______

7. **Other test results, if applicable (ex.: electrophysiological results) & comments:**
____
____

Name of vision specialist: ____
(Capital letters)

Address: ____

Telephone: (   ) ______ - _________ ext.: ______

Signature: ________________________________ MD ☐ OD ☐

Date of report: _________ / _______ / _________
Year   month   day

Address Stamp

Should the ***person meet our eligibility criteria*** please forward this report by either ***mail*** or ***fa***x to:

MAB-Mackay Rehabilitation Centre
Service AEO
7000, Sherbrooke West
Montreal, Quebec H4B 1R3
Phone: 514 488-5552
Fax: 514 482-0504