**REFERRAL FOR ORTHOPTIC VISUAL PROCESSING CLINIC**

**A child must initially be seen by an optician before a referral can be made. Minimum age for referral is 7 years.**

**NAME OF CHILD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GENDER**\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last sight test**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Should be within the last 6 months)**

**Does the child / young person display signs of the following :**

Skipping words / lines ? YES/ NO

Page blurring / words moving / visual disturbances? YES/ NO

Finger tracking ( child aged > 8 yrs )? YES/ NO

Slow reading speed? YES/ NO

Previous use of overlay? YES/ NO

Sequencing difficulties / confusing letter order in words / substituting

visually similar words? YES/ NO

|  |
| --- |
| **Additional information:** *Please include any outcome of specialist teacher assessment for visual discrimination and/or visual reasoning in addition to observation of visual reading difficulties*  *noted.*  *This may include other relevant information that may need consideration to ensure the a*  *positive experience and best outcome for the child/young person during their appointment.*  Preferred site to be seen (please circle): Lincoln / Boston / Spalding / Grantham / Louth |

Parents/carers are aware of this referral and agree to an assessment being carried

out and the results being shared with relevant professionals, including the school.

**Note to Parents/Carers:** Appointments may be sent by letter OR text message from NHS Portal.

Please be assured that we are working hard to reduce wait times. If you are unable to attend

the appointment please can you cancel your appointment in good time to enable reallocation

to another patient and reduce wait times for others- thank you

**Signed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer

­­­­­­­­­­­­­­­­­­­­Mr / Mrs / Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer Print Name

**Signed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SENCO

Mr / Mrs / Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SENCO Print Name Date \_\_\_\_\_\_\_\_\_\_\_

**Please can the school SENCO only complete this form and email to:**

[opthalmology\_lincoln@ulh.nhs.uk](mailto:opthalmology_lincoln@ulh.nhs.uk) *(please note the spelling is incorrect- email address was set up as this so please do not correct the word ophthalmology).*

**Note to SENCO:** If you request a read receipt you will know when the referral has been received.

Wait times vary. If you are concerned, we would advise waiting at least three months and then checking that the child/young person is on the system by contacting [ulh.phb.orthoptic@nhs.net](mailto:ulh.phb.orthoptic@nhs.net)

(Boston Team) or [Orthoptics.lch@ULH.nhs.uk](mailto:Orthoptics.lch@ULH.nhs.uk) (Lincoln Team)