



ILLINOIS
EYE
INSTITUTE

Referral for Vision Rehabilitation Services

Alfred & Sarah Rosenbloom Center on Vision and Aging

Illinois Eye Institute - 3241 South Michigan Avenue - Chicago, Illinois 60616-3878
312.949.7255 - www.illinoiseyeinstitute.com

Date of Referral: ____ / ____ / ____

****Please return this completed form and copy of patient's most recent eye exam by fax. If you require additional consultation Request Forms, please call – 312-949-7324**

Patient Info

Patient Name: _____ DOB: ____ / ____ / ____
Phone #: _____ Email: _____
Address: _____ City/State: _____ Zip Code: _____
Patient Insurance: _____ Insurance ID#: _____ Is this HMO? NO Yes
Ocular Diagnosis: _____ VA: OD _____ OS _____

Referral Info

Reason for Referral (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Visual Field Problems | <input type="checkbox"/> Eccentric Viewing | <input type="checkbox"/> Occupational Therapy/ADLs |
| <input type="checkbox"/> Near Tasks | <input type="checkbox"/> Glare/Contrast | <input type="checkbox"/> Genetic testing for Inherited Retinal Disease |
| <input type="checkbox"/> Distance Tasks | <input type="checkbox"/> Driving | <input type="checkbox"/> Other _____ |

Referring Provider Info

Referring Doctor: _____ Office Phone: _____
NPI#: _____ Office Fax: _____

- Call my patient to make appointment
 My patient will call to schedule appointment (phone: 312-949-7275)

Clinic Location:

ILLINOIS EYE INSTITUTE
3241 S. Michigan Avenue
Chicago, IL 60616

Please send this form to
Janelly Villa
jvilla@ico.edu
Fax: 312-949-7559
Phone: 312-949-7324

FOR IEI USE: Patient Contacted: ____ / ____ / ____ Appt. Made ____ / ____ / ____ at _____ Report sent to referring doctor ____ / ____ / ____
Additional Info: _____