



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 – 312-949-7275\*\***

### 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  
Felipe Barajas  
FBarajas@ico.edu  
Fax: 312-949-7554  
Phone: 312-949-7275**

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