

# Optometry Referral

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School or Learning Centre: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Optometrist: \_\_\_\_\_

## The 3 Point Check Test of near vision indicated a problem with:

- Near focusing
- Convergence
- Words moving on the page (helped with tinted lenses)

Comments: \_\_\_\_\_

## iCept Testing indicated a problem with:

- |   |   |
|---|---|
| <input type="checkbox"/> Eye Tracking   | <input type="checkbox"/> Volume         |
| <input type="checkbox"/> Visual Span    | <input type="checkbox"/> Gap Detection  |
| <input type="checkbox"/> Visual Count   | <input type="checkbox"/> Frequency      |
| <input type="checkbox"/> Visual Spatial | <input type="checkbox"/> Temporal Order |

Comments: \_\_\_\_\_

## Reason for Referral:

- Full eye examination (includes eye health, eyesight check and near visual tests)
- iCept Testing

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Vision For Learning Questionnaire

- Attached with this referral

## OPTOMETRIST INFO

1. Focusing & convergence exercises can be found on the iCept website below.
2. Tinted lenses are available through affiliated optical laboratories.