St. Joseph's Health Care London
ORTHOPTIST - IVEY EYE INSTITUTE
268 Grosvenor Street, Room B1-409 London, Ontario, Canada N6A 4V2
Telephone: 519 646-6018 ◉ Fax: 519 646-6056

REQUEST FOR ORTHOPTIC ASSESSMENT

PATIENT: _____ DATE OF APPOINTMENT: _____
(YYYY / MM / DD)

HEALTH CARD #: _____

ADDRESS: _____ Postal Code: _____

BIRTHDATE: _____ SEX: _____ TELEPHONE NUMBER: _____
(YYYY / MM / DD) HOME BUSINESS

REASON FOR REFERRAL: _____

_____

_____

CYCLOPLEGIC REFRACTION
O.D.
O.S.

PRESENT R_x AND VISUAL ACUITY
O.D.
O.S.

OCULAR PATHOLOGY: _____

STRABISMUS / OCULAR SURGERY: _____

_____

REFERRED BY: _____ SIGNATURE: _____

NS0914 (Rev. 2010/01/25)

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