Fax Referral Form

The 3 steps to refer a patient for Binocular Vision/Vision Therapy evaluation:

1. Patient or parent fills out the top portion and signs. Please tell the patient that our office will call to schedule the additional testing.
2. The referring doctor fills out the bottom portion.
3. Please fax this form to (801) 901-4131.

Patient Information:

Patient's Name ______ DOB ______ Age ______ Address ______

If minor child, parent whom we should contact ______ City/State ______ Zip ______

What is the best time of day to reach you? ______________________ Telephone # to call: ____________________

I grant permission for ACHIEVE Family Vision and/or ACHIEVE Vision Therapy to contact me to schedule the appointment. I also grant permission for my eye doctor to exchange information with ACHIEVE Family Vision concerning myself/child in regards to exam results, diagnoses, case history, etc.

X______________________________ ______________________
Patient/Parent Signature Date

Examination Results from Referring Doctor:

Patient's Pertinent Symptoms/History:

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____

Reason(s) for Referral:

- ☐ Binocular disorder
- ☐ Accommodation
- ☐ Tracking
- ☐ Reading or attention problems
- ☐ Strabismus
- ☐ Amblyopia
- ☐ Headaches
- ☐ Concussion Evaluation
- ☐ Stroke Evaluation
- ☐ Myopia Control
- ☐ Vision Therapy
- ☐ Other_________________

Eyeglass Rx OD: ____________________________________ VA OD: ____________________

OS: ____________________________________ VA OS: ____________________

Eye Health:

____

Other Pertinent Results of Examination:

____

______________________________ X______________________________
Doctor's Name (please print) Doctor's Signature

______________________________ ______________________________
Address Date

______________________________ ______________________________
City/State Office Telephone

A copy of all test results and a report will be sent to the referring doctor. Patients will return to referring doctor's office for all primary care annual exams and eyeglass prescriptions. Thank you for participating in this patient's care!

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