

REFERRAL FOR ORIENTATION & MOBILITY / GUIDE DOG SERVICES

We provide comprehensive O&M training, and are not limited to Guide Dog services alone.

We will contact the patient within 3 weeks of receipt of this form. Thank you for the referral!

CRITERIA

Name _

The patient should fulfil ANY OR ALL of these criteria:

- 1. Best-Corrected Visual Acuity 6/60 or worse in the better eye
- 2. Visual Field 20 degrees or worse in the better eye OR
- 3. The patient wishes to overcome a lack of confidence and/or ability to travel independently and safely as a result of visual impairment

Male / Female Date of Birth

NRIC / FIN / Passport No ______ (Mobile) _____ (Res)

PATIENT'S PARTICULARS

	Left Eye	Right Eye
Best-Corrected Visual Acuity		
Visual Field Impairment (Attach a visual field printout if available)	Please tick: [] Impaired, but more than 20 degrees [] Less than 20 degrees [] Total Loss Other Comments (eg. type of field defect) :	Please tick: [] Impaired, but more than 20 degrees [] Less than 20 degrees [] Total Loss Other Comments (eg. type of field defect) :
Diagnosis / Main Cause of Impaired Vision		
other relevant information:		
Referrer's Signature	Referrer's Name	Date

Form Submission: Tampines Central Post Office, PO Box 021, Singapore 915201 | Email: admin@guidedogs.org.sg | simone.oh@guidedogs.org.sg | Contact: (65) 6339 7900 | Fax: (65) 6339 6994