GUIDE DOGS SINGAPORE
ENABLING THE VISUALLY IMPAIRED

Registration Number: 200302260G
Charity Registration Number: 002116

Patron: Prof. Tommy Koh

REFERRAL FORM

At Guide Dogs Singapore Ltd (GDS), people with visual impairment are empowered with skills for independent living. These are the programmes and services provided to our beneficiaries at no charge.

Please indicate in the box below on the programmes/services you would like to receive. GDS will contact the patient within 2 weeks of receipt of this form. Thank you for your referral!

Orientation & Mobility Training O&M training helps a person with visual impairment to acquire skills and confidence to travel independently. It teaches them to know where they are, where they want to go (orientation), and how to get there safely by themselves (mobility). Some of the skills include body protection, mental mapping, road crossing, use of public transport and a mobility cane. Every training programme is customised to suit each beneficiary's needs and is conducted at a location where travelling is required.	
Training on Activities of Daily Living Training in both basic activities of daily living (BADL) and instrumental activities of daily living (IADL) skills. BADLs include eating, showering and dressing while IADLs include more complex tasks such as using the ATM, preparing meals, using the phone and managing medications. Both sets of skills are important for our beneficiaries to be self-sufficient and lead independent lives, thus reducing the need for caregivers to assist them.	
Guide Dogs A person with visual impairment who has attained confident O&M skills may consider to use a guide dog. The dogs are specially bred and trained for two years according to the standards of the International Guide Dog Federation (IGDF). They learn to manage complex tasks, some of which include avoiding low-hanging and ground obstacles, walking in a straight line and finding doors for their handlers. They are also taught 'intelligent disobedience' and will disobey commands that may put the handlers and themselves in danger. Dogs are carefully selected and matched with our beneficiaries. We provide training and life time follow up assistance to the guide dog teams.	
BeFriender Services Carefully selected volunteers are trained to provide social support to our beneficiaries and encourage them to live active life. Our befrienders and beneficiaries would meet up and do activities that are fun and enjoyable such as shopping, dining and sports. Such outings offer opportunities for social interaction and practice of mobility skills, both of which are useful to our beneficiaries.	

Mailing Address: Blk 20 Sin Ming Lane, Midview City, #02-53, Singapore 573968 ***Contact:*** 6339 7900
Email: admin@guidedogs.org.sg ***Website:*** www.guidedogs.org.sg ***Facebook:*** Guide Dogs Singapore Ltd

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Are you a healthcare professional referring your patient to us?

If yes, please complete part A and B.

If no, please complete part A only and provide eye report if available

CRITERIA

The patient should fulfill **ANY OR ALL** of these criteria:

1. Best-Corrected Visual Acuity 6/60 or worse in the better eye
OR
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**

PART A: PATIENT'S PARTICULARS

Name _____ **Male/Female** **Date of Birth** _____
NRIC/FIN/Passport No _____ **Contact No** _____ **(Mobile)** **(Res)**
Address _____

PART B: OCULAR PARAMETERS

	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		
Please highlight the areas of concern regarding daily tasks. Eg: self-care, going down stairs, crossing roads etc.		

Referrer's Signature

Referrer's Name and Relationship with Referee (if applicable)

Date

Hospital/Clinic/Practice/Organisation (if applicable)

Contact number

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