



ROYAL HOBART HOSPITAL

LIONS LOWVISION CLINIC

GPO Box 1061 Hobart TAS 7001 Ph (03) 6166 0118 Fax (03) 6234 9454



Referral to Andrew Maver, Paul Graveson

Appointment needed: Urgently Standard

Patient Details

Name _____

Address _____

DOB _____ Ph _____

Eye Condition(s)

Refraction

Right _____ 6/ _____ Left _____ 6/ _____

Please attach visual field analyses if applicable

Difficulties

Reading Television Getting around

Computer Art/Craft Glare

Medications Cooking Faces

Other _____

Special Requests

In-home visit (*lighting, activities of daily living, home safety*)

Orientation and mobility assessment

Assistance with pensions/support services/bus passes etc

Other _____

Referred by

Print Name _____

Address _____

Signed _____ Date _____

For an appointment please phone 6166 0118 or email llvc@ths.tas.gov.au then post or fax this referral. Copies of this form can be downloaded from www.dhhs.tas.gov.au/services (search "Low Vision Clinic")