

ONTARIO BLIND-LOW VISION EARLY INTERVENTION PROGRAM - VISION/EYE REPORT

To be completed by an eye care professional

All children aged birth to school entry with a visual impairment are eligible for service in Ontario.

- Referral to program
- Updated report
- Consent received to send to the Regional Blind-Low Vision Early Intervention Program

CLIENT AND CONTACT INFORMATION

Child's Name: _____ <small>first/last</small>	Gender: M F	DOB: _____ <small>d/m/y</small>
Parent/Guardian: _____	Relationship to child: _____	
Tel: _____		
Address: _____	Town/City: _____	P.C.: _____

SOURCE OF REPORT

<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Medical Practitioner
Name: _____		
Hospital/Clinic: _____	Tel: _____	Fax: _____

VISION INFORMATION

Cause of visual impairment: _____

Additional ocular diagnosis (if any): _____

Cortical/Cerebral visual impairment (CVI): _____ CVI Suspected: _____ N/A: _____

Visual field restriction: _____

Prognosis: Stable vision Expected improvement Vision loss is progressive

VISUAL ACUITY

	DISTANCE		NEAR	
	Without correction	With correction	Without correction	With correction
OD				
OS				
OU				

Prescribed treatment: Glasses Contacts Patching

Rx: _____

Medications: _____

Other comments (i.e. VEP, ERG results, etc.): _____

Other Diagnoses (if known): _____

- Eligible for Disability Tax Credit
- ACSD Eligible -Visual impairment is Moderate / Severe

Signature of Medical Practitioner _____ Date _____

REFERRAL FOR BLIND-LOW VISION EARLY INTERVENTION PROGRAM

All children aged birth to school entry with a visual impairment are eligible for service in Ontario.

Please identify the visual impairment eligibility category:

- A potential **visual acuity** of no better than 20/70 in the better eye after correction (estimation of acuity is acceptable)
- Visual field restrictions** to 20 degrees or less.
- Reduced visual abilities due to **neurological issues** including cortical / cerebral visual impairment, delayed visual maturation, or hemianopsia.

Please identify the appropriate location for the referral:

<input type="checkbox"/>	FOR <u>DUFFERIN, HALTON, PEEL, WATERLOO OR WELLINGTON</u> CONTACT: ErinoakKids , Tel: 905-855-3557 or 1-877-374-6625 Fax: 905-855-5383 or 1-866-764-9607 Mail: Central West Blind-Low Vision Program, c/o ErinoakKids, 10145 McVean Dr., Brampton, ON L6P 4K7
<input type="checkbox"/>	FOR THE <u>CITY OF TORONTO</u> , CONTACT: Toronto Public Health – Early Abilities – Blind-Low Vision Early Intervention Program , Tel: 416-338-8255 TTY: 416-338-0025 Fax: 416-696-3450 Email: EarlyAbilities@Toronto.ca Mail: Early Abilities – BLVEIP, 225 Duncan Mill Rd., Suite 201, Toronto, ON M3B 3K9
<input type="checkbox"/>	FOR <u>SIMCOE, MUSKOKA, AND PARRY SOUND</u> CONTACT: Simcoe Muskoka Parry Sound Blind-Low Vision Early Intervention Program , Tel: 705-739-5696 or 1-800-675-1979 Fax 705-739- 5674 Mail: Children's Development Services, Royal Victoria Hospital of Barrie, 201 Georgian Dr., Barrie, ON L4M 6M6
<input type="checkbox"/>	FOR <u>YORK, DURHAM, HALIBURTON, KAWARTHA, AND PINE RIDGE</u> CONTACT: The Tri-Regional Blind-Low Vision Early Intervention Program Fax: 905-762-2099 Central Intake Tel: 1-888-703-KIDS (5437) Download Referral form: www.childdevelopmentprograms.ca Mail: Child Development Programs, Markham Stouffville Hospital, 379 Church St., Suite 309, Markham, ON L6B 0T1
<input type="checkbox"/>	FOR <u>CENTRAL SOUTH (HAMILTON, NIAGARA, BRANT, HALDIMAND NORFOLK)</u> CONTACT: Central South Blind-Low Vision Early Intervention Program Tel: 905-385-7927, ext. 240 Fax: 905-385-2778 Mail: 1425 Cormorant Rd, Suite 101, Ancaster, ON Email: mdalby@ascy.ca
<input type="checkbox"/>	FOR <u>SOUTH WESTERN (Middlesex, Elgin, Oxford, Perth, Huron, Grey, Bruce, and Lambton counties)</u> CONTACT: TVCC Intake Tel: 1-877-818-8255 Fax: 1-519-685-8705 Mail: 779 Base Line Rd. East, London, ON N6C 5Y6 Website: https://www.tvcc.on.ca/intake-referrals
<input type="checkbox"/>	FOR <u>ESSEX-KENT</u> CONTACT: Essex-Kent Blind-Low Vision Early Intervention Program Tel: 519-252-0636, ext. 114 Fax: 519-252-7917 Mail: 795 Giles Blvd. East, Windsor, ON N9A 4E5 Email: kjohnson@connectwithus.ca
<input type="checkbox"/>	FOR <u>SOUTH EASTERN</u> CONTACT: KFL&A Public Health Tel: 613-549-1232, ext. 1145 or 1-800-267-7875, ext. 1145 Fax: 613-549-1799 Mail: 221 Portsmouth Ave, Kingston, ON K7M 1V5
<input type="checkbox"/>	FOR <u>EASTERN</u> CONTACT: Specialized Preschool Programs, PQCHC Tel: 613-513-6618, Sonia Arruda Mail: 1365 Richmond Rd., 2 nd Floor, Ottawa, ON K2B 6R7
<input type="checkbox"/>	FOR <u>NORTHEASTERN</u> CONTACT: Northeast Blind-Low Vision Early Intervention Program Tel: 705-522-6655, ext. 26 Fax: 705-522-1215 Mail: 10 Elm St., Suite 402, Sudbury, ON P3C 5N3 Email: Karen.renout@nbrhc.on.ca
<input type="checkbox"/>	FOR <u>KENORA-RAINY RIVER (NORTHWEST)</u> CONTACT: Northwestern Health Unit – Blind-Low Vision Early Intervention Program Tel: 807-233-3301, ext. 302530 Fax: 807-223-7871 Mail: 75D Van Horne Ave., Dryden, ON P8N 2B2 Email: twearne@nwhu.on.ca
<input type="checkbox"/>	FOR <u>THUNDER BAY</u> CONTACT: Children's Centre Thunder Bay – Blind- Low Vision Early Intervention Program Tel: 807-343-5000 Fax: 1-888-445-1947 Mail: 283 Lisgar St., Thunder Bay, ON P7B 6G6