

# Lions Low Vision Services Program

A project supported by Southern California Lions Clubs, in cooperation with the Optometric Center of Los Angeles and the Southern California College of Optometry



## PATIENT REFERRAL FORM

**PATIENT INFORMATION:**

Date: \_\_\_\_\_

Miss \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Mr. \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Last First Middle

Home Address: \_\_\_\_\_  
 Street City State Zip

Home Phone ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer Tel. Number \_\_\_\_\_

Status : Single \_\_\_\_\_ Student \_\_\_\_\_ School/Grade \_\_\_\_\_ Married \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Monthly Income \_\_\_\_\_ Home: Rent \_\_\_\_\_ Own \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Medicare Number \_\_\_\_\_ Medical Number \_\_\_\_\_

Primary Medical Insurance \_\_\_\_\_  
 Carrier Policy/Group Number

Secondary Medical Insurance \_\_\_\_\_  
 Carrier Policy/Group Number

**SPOUSE, PARENT OR GUARDIAN INFORMATION:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Employer \_\_\_\_\_

**REFERRED BY:**

Lions Club \_\_\_\_\_ District 4- \_\_\_\_\_ Member's Name \_\_\_\_\_

Agency/School \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_

**REASON FOR REFERRAL:**

Low Vision \_\_\_\_\_ Needs Glasses \_\_\_\_\_ Needs Vision Exam \_\_\_\_\_ Other \_\_\_\_\_

Describe Vision Problem \_\_\_\_\_

**FINANCIAL RECOMMENDATION OF REFERRING INDIVIDUAL:**

The Lions Low Vision Service (L.O.V.E.) Program provides services based on patient's ability to pay. For the truly indigent patient, the cost may be almost nothing. Regular fees will be charged for those who can afford to pay. All patients must either pay for services through personal funds and so state or request for financial assistance in part or in whole and agree to provide the necessary financial data to qualify for assistance.

In my opinion, this patient would  would not  benefit from or need assistance with this medical problem, or I do not know .

\_\_\_\_\_  
 Signature of Referring Individual