One Vision
Optometry & Vision Therapy
905-812-8100 | OneVisionOptometry.com

1075 North Service Road West, Unit 22
Oakville, ON L6M 2G2
Phone: 905-812-8100
FAX: 905-812-8101

BINOCULAR VISION ASSESSMENT REFERRAL FORM

Date

Referred By

Address

City Province Postal Code

Phone Number

Fax Number

Patient's Name Age/DOB

Contact Information: Parent's Name

Address

City Province Postal Code

Phone Number

E-mail

Reason(s) for Referral:

- □ Convergence Insufficiency/Excess
- □ Tracking/Oculomotor Concerns
- □ Accommodative Disorder
- □ Concussion
- □ Divergence Insufficiency/Excess
- □ Strabismus/Amblyopia
- □ Difficulty Reading/Learning
- □ Sports Vision
- □ Post Trauma/Stroke Vision Evaluation
- □ Visual Discomfort/Headaches
- □ Diplopia
- □ Other:_____

Results of Examination

Subjective Refraction: OD_____ VA OD_____ Prescribed Refraction: OD_____

OS_____ VA OS_____ OS_____

□ DFE performed – no ocular health abnormalities noted Other: _____

Additional information: _____

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_____
Referring Doctor's Signature

A report will be sent to the referring doctor. Patients will return to the doctor's office for all primary eye care.