

# Guide Dogs NSW/ACT Client Services Referral Form



**To refer a patient:** call **1800 484 333**, Fax form to **9412 9388**  
or use the online form: [www.guidedogs.com.au/what-we-do/request-service](http://www.guidedogs.com.au/what-we-do/request-service)

## Patient Contact Information

Name	DOB	/	/
Address			
Suburb	State	Postcode	
Phone			
Email			

**Please describe primary reason for referral as well as any other sight difficulties being experienced**

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## Patient Clinical Details

Refraction and VA: R                      6/                      | L                      6/                      | Date                      /                      /

Relevant Ocular/Medical History:

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## Attachments\*

- Additional History/ Reports
- Visual Fields
- OCT
- Retinal Photos
- Other \_\_\_\_\_

\*Please attach when available to assist with developing an individualised rehabilitation program

## Service Requested

- Low Vision Orthoptic
- Orientation & Mobility
- Children's Services
- Neurological Vision Impairment
- Independent Living
- Client Advocacy & Connection (NDIS & My Aged Care Assistance)

**For more information on Guide Dogs NSW/ACT services go to [www.guidedogs.com.au](http://www.guidedogs.com.au)**

## Referrer Information

- Ophthalmologist  Optometrist
- Other \_\_\_\_\_

Name \_\_\_\_\_

Provider # \_\_\_\_\_ Signature \_\_\_\_\_

Practice Name and Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ Date / /