**ECLO Client Referral Form -** CONFIDENTIAL 

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| **Title:** | Practice name / stamp: |
| **Name:** |
| **Phone Number:** |
| **Email address:** | **DOB:** |

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| **If making a referral on behalf of someone please complete the boxes below:** | |
| **Name:** | **Nature of relationship:** |
| **Contact details:** | |

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| **Eye condition/s if known** |
| Please give as much info as possible on history so far including HES appointments, certification, specific needs and last eye examination details, vision details and any urgent needs. |

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| **Does the person have any additional needs that we need to know about?** E.g.: |
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| **Registration status** |  |
| Registered Sight Impaired  (Partially Sighted) |  |
| Registered Severely Sight  Impaired (Blind) |  |
| Not Registered |  |
| Does not know if registered |  |
| Has the person been in contact with Gloucestershire County Council, Sensory Impairment Team? (01452 426868) : |  |

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| **Preferred method of communication** |  |
| Telephone |  |
| Email |  |
| Large print letter in post |  |
| Standard print letter in post |  |
| Braille |  |
| Audio |  |
| Face to face |  |

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| **Services Required – Please tick all boxes that apply** |  |
| **Information and Advice Service** – To help identify the support required, understand eye condition, find local services, etc. |  |
| **Low Vision Clinic** – Specialist sight test to assess remaining vision, loan of a prescribed magnifier and advice about aids and equipment |  |
| **Aids, Equipment and Adaptations**– Supplier and service provider information. Demo of basic equipment. |  |
| **Short Term Support Work** – Support to remain living independently. |  |
| **Group activity:** Attendance at a regular support group providing information, entertainment and friendship. |  |
| **Cookery:** Basic or Advanced skills (Please state) |  |
| **Volunteers** –Assistance from a volunteer to enjoy social or leisure activities or help with basic daily living tasks. |  |
| **Newsletter – Please circle preferred format:**  Large Print Memory stickBraille |  |
| **Other - Please give details:** |  |
| **Relevant Additional Information** (please continue on an additional sheet if necessary)**:**  Any personal circumstances that we need to be aware of.. | |
| **Completed By:**  **Date:** | |

**Please return this form to:**

Gloucester HES : **Louise Birt**: Tel: [07702961060](tel:07702961060) Email: [Louise.birt@rnib.org.uk](mailto:Louise.birt@rnib.org.uk)

Cheltenham HES: **Gary Learmonth**: Tel: [07925034799](tel:07925034799) Email: [gary.learmonth@rnib.org.uk](mailto:gary.learmonth@rnib.org.uk)

**Office use only**

Date sent: Date Loggd: By Whom: