

## PRE SCHOOL REFERRAL FORM

Please read the referral criteria in the information booklet about the service. If you do not have a booklet please contact the service and one will be sent to you.

### Child's Details

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Home Address:</b>	
<b>Telephone Number:</b>	
<b>Current Provision</b> (eg nursery, playgroup, opportunity group, Portage etc):	
<b>Details of Visual Condition</b>	
<b>Other Special Needs</b> (if any):	
<b>Name of Ophthalmologist and hospital where diagnosed</b>	
<b>Parent's Signature and Comments</b> (a separate form will be given to the parents for permission to contact medical personnel):	

<b>Name and Details of Person Making Referral</b>	
<b>Signed:</b>	<b>Date:</b>
<b>Job Title and contact details:</b>	

Please return this form to Frances Stimpson, Head of Service, at the Wiltshire Visual Impairment Service address below