

**Please fax to: Northwest Vision Academy, ATTN: Taylor McGann, OD
Fax #: 614-486-0354**

Referring Provider's Name/Practice*:

Referring Provider's phone number*:

Referring Provider's fax:

Referring Provider's specialty:

- Optometrist
- Primary Care Physician
- Ophthalmologist
- Occupational Therapist
- Neurologist
- Physical Therapist
- Speech Therapist
- Other _____

Patient Name*:

Date of birth*:

Parent name (if child):

Patient/parent phone number*:

Patient/parent email:

Diagnosis/area of concern:

- Accommodative dysfunction
- Vergence dysfunction
- Saccade/oculomotor problem
- Visual perceptual evaluation
- Eye strain
- Poor school performance
- Strabismus
- Infant/Preschool Evaluation
- Post-concussion Evaluation
- Traumatic Brain Injury
- Headaches
- Diplopia
- Amblyopia
- Other _____

Comments: