

Certificate of Vision Impairment for people who are sight impaired (partially sighted) or severely sight impaired (blind) – Updated September 2018

Part 1: Certificate of Vision Impairment

Patient's Details

Title and surname or family name:	<input type="text" value="Mr Bloggs"/>
All other names (identify preferred name):	<input type="text" value="Joe"/>
Address:	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/> <input type="text"/>
Telephone number:	<input type="text"/>
Email address:	<input type="text"/>
Date of birth:	<input type="text"/>
Sex:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Unspecified
NHS Number:	<input type="text"/> <input type="text"/> <input type="text"/>

To be completed by the Ophthalmologist

(Tick the box that applies)

- I consider that:** **This person is sight impaired (partially sighted)**
 This person is severely sight impaired (blind)

I have made the patient aware of the information booklet, "Sight Loss: What we needed to know" (www.rnib.org.uk/sightlossinfo)

- Yes No

Has the patient seen an Eye Clinic Liaison Officer (ECLO)/Sight Loss Advisor?

- Yes Referred Not available

Signed: Date of examination:

Name:

Hospital address:

NB: the date of examination is taken as the date from which any concessions are calculated

For Hospital staff: Provide/send copies of this CVI as stated below

- An accessible signed copy of the CVI form to the patient (or parent/guardian if the patient is a child).
- Pages 1-5 to the patient's local council if the patient (or parent/guardian if the patient is a child) consents, **within 5 working days.**
- Pages 1-5 to the patient's GP, if the patient (or parent/guardian if the patient is a child) consents.
- Pages 1-6 to The Royal College of Ophthalmologists, c/o Certifications Office, Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD, or by nhs.net secure email to meh-tr.CVI@nhs.net if the patient (or parent/guardian if the patient is a child) consents.