VIRGINIA NEURO-OPTOMETRY

3721 Westerre Parkway, Suite B
Richmond, VA 23233
Phone : (804) 387-2902
Fax : (804) 509-0543

Referral Form
Virginia Neuro-Optometry

Appointments: (804) 387-2902/Fax: (804) 509-0543

Referring Provider Information
Name: _____ Specialty: _____
Phone:_____ Fax: _____ Email: _____
Preferred method of contact: _____
Practice Name:_____
Address:_____

Patient Information:
Name: _____ Date of Birth: _____
Phone:_____ Email: _____
Preferred method of contact: _____
Address:_____
Is patient ____ Self Pay or ____ Worker's Compensation?

- *If Worker's Compensation please send also send referral to case manager/adjuster and provide us with the following information***:**
    - Case Manager or Adjuster Name:_____
        - Phone:_____ Fax:_____
        - Email:_____

If Applicable:
Parent or Caregiver's Name: _____Phone: _____

Referred for:

- ☐ Post-concussion neuro-optometric examination and rehabilitation
- ☐ Double vision examination
- ☐ Post-stroke Functional Visual Field Examination
- ☐ Visual processing examination
- ☐ Self-referral/other:_____

Please give pertinent patient history and reason for referral:

Please fax pertinent exam records/tests that you think are important for this patient's management along with this referral sheet to (804)-509-0543
If you are an **optometrist/ophthalmologist please include a copy of **patient's most recent dilated eye exam records** and if able - present glasses/contact lens prescriptions, visual field results, and any binocular vision or oculomotor findings and treatment options you have tried with this patient.*
*We will call patient when we have received this information. Patient can also call our office directly to get an appointment at 804-387-2902.