PREPHOUSE

Referral Form (Please return this form via email to info@iC2.com.sg)

<table>
<tr><td rowspan="6">CHILD'S INFORMATION</td><td colspan="2">Name per BC/NRIC/FIN/Passport No.</td><td colspan="2">BC/NRIC/FIN/Passport No.</td></tr>
<tr><td>Date of Birth (dd/mm/yyyy)
/ /</td><td>Gender
☐ Male ☐ Female</td><td colspan="2">Nationality:</td></tr>
<tr><td colspan="3">Address</td><td>Postal Code</td></tr>
<tr><td colspan="2">Name of Caregiver</td><td colspan="2">Contact Info (mobile or email)</td></tr>
<tr><td>Relationship to child:</td><td colspan="3">Name of Current School / Institution</td></tr>
</table>

<table>
<tr><td rowspan="4">REFERRING PERSON</td><td>Name</td><td>Phone No.</td></tr>
<tr><td colspan="2">Email</td></tr>
<tr><td colspan="2">Organisation and Address</td></tr>
<tr><td colspan="2">Relationship to child: ☐ Doctor ☐ Low Vision Clinician ☐ Teacher*
* Teachers: Please attach the child's low vision and/or medical report.</td></tr>
</table>

<table>
<tr><td rowspan="3">EYE SPECIALIST</td><td colspan="2">Name of Eye Specialist (☐ Please tick this box and skip this section if the referrer is also the eye specialist)</td></tr>
<tr><td>Name and Address of Practice</td><td>Phone No.</td></tr>
<tr><td colspan="2">Email</td></tr>
</table>

<table>
<tr><td rowspan="9">DETAILS OF EYE CONDITION
(to be completed by eye specialist)</td><td colspan="4">Date (dd/mm/yyyy) / /   Diagnosis   Age at Onset</td></tr>
<tr><td colspan="2"></td><td>Right Eye</td><td>Left Eye</td></tr>
<tr><td colspan="2">Refraction</td><td></td><td></td></tr>
<tr><td rowspan="2">Visual Acuity</td><td>Distance</td><td></td><td></td></tr>
<tr><td>Near</td><td></td><td></td></tr>
<tr><td colspan="2">Visual Field
Specifics (if abnormal):</td><td>☐ Untested ☐ Normal ☐ Abnormal</td><td>☐ Untested ☐ Normal ☐ Abnormal</td></tr>
<tr><td colspan="2">Colour Vision
Specifics (if abnormal):</td><td>☐ Untested ☐ Normal ☐ Abnormal</td><td>☐ Untested ☐ Normal ☐ Abnormal</td></tr>
<tr><td colspan="4">Prognosis ☐ Likely to improve ☐ Remain stable ☐ Deteriorate ☐ Other
Specifics:</td></tr>
</table>

<table>
<tr><td rowspan="3">OTHER INFO</td><td>Low Vision Report (if available)</td></tr>
<tr><td>Other medical concerns (including medications)</td></tr>
<tr><td>Other Agencies / Specialists working with the child</td></tr>
</table>