

Referral form



How to refer

1. Online: visionaustralia.org **OR**
2. Call: 1300 84 74 66 **OR**
3. Fill out the form below

The person you are referring (patient/client)

Full name	
Date of birth (dd/mm/yyyy)	/ /
The person or their parent/guardian has given consent for this referral. <input type="checkbox"/> Y <input type="checkbox"/> N	

Primary contact (if applicable)

Full name	Relationship
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Contact details of the person you are referring (or their primary contact)

Home phone	Mobile number		
Email address			
Street address			
Suburb	State	Postcode	

Referral details

Reason for referral
Primary eye condition
Other relevant information about the person's eye condition or health
Please include a recent eye report (eye care specialists) or other documents with your referral. This will help us provide the best possible service.

Referrer details

<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Optometrist	<input type="checkbox"/> GP	<input type="checkbox"/> Other
Title/Full name			
Business name			
Business address			
Phone/mobile	Provider No.		
Email address			
Signature	Date / /		

Please Fax: 1300 84 73 29 **OR** Post: PO Box 176 Burwood NSW 1805

I am happy to receive communications from Vision Australia

Y N

Locations



**Vision
Australia**

Australian Capital Territory

Canberra Suite 1a – 3 Sydney Avenue, Barton ACT 2600 02 6132 5800

New South Wales

Albury 566 Olive St, Albury NSW 2640 02 6041 8800
Ashfield 224 Liverpool Rd, Ashfield NSW 2131 02 8973 1300
Caringbah 301 Kingsway, Caringbah NSW 2229 02 8525 9085
Coffs Harbour 126 West High St, Coffs Harbour NSW 2450 02 6659 9200
Epping Grnd Floor, Suite 2A, 3 Carlingford Rd, Epping NSW 2121 02 8974 5300
Gosford L3, Gateway Centre, 237 Mann St, Gosford NSW 2250 02 4321 6700
Lismore Shop 22/62 Wyrallah Rd, Lismore NSW 2480 02 6623 4800
Newcastle 7-9 Beaumont St, Hamilton NSW 2303 02 4927 3300
Orange Suite 14, 107 Prince Street, Orange NSW 2800 02 6363 6900
Parramatta Level 7, 128 Marsden St, Parramatta NSW 2150 02 9334 3333
Sydney We provide services in Sydney inner west and west 1300 84 74 66
Tamworth We provide services in the Tamworth area 1300 84 74 66
Wagga Wagga Suite 1, 37 Trail St, Wagga Wagga NSW 2650 02 6926 8500
Wollongong 2/106 Market St Wollongong, NSW 2500 02 4220 4300

Queensland

Brisbane 373 Old Cleveland Road, Coorparoo QLD 4151 07 3727 2345
Cairns L2, Mainstreet Arcade, 82 Grafton St, Cairns QLD 4870 07 4037 5600
Gold Coast L1, Easy T Centre, 510-514 Christine Ave, Robina QLD 4226 07 5503 6400
Maroochydore 19 George Street, Maroochydore QLD 4558 07 5409 2200
Townsville 7 Fulham Rd, Pimlico, QLD 4812 07 4434 5800

Victoria

Bairnsdale 27 Dalmahoy St, Bairnsdale VIC 3875 03 5623 0100
Ballarat 1300 Howitt Street, Wendouree VIC 3355 03 5337 4555
Bendigo 1/20 Bridge Street, Bendigo VIC 3550 03 5445 5700
Boronia 252 Dorset Rd, Boronia VIC 3155 03 9760 0000
Dandenong 45 Princes Highway, Dandenong VIC 3175 03 8791 0201
Geelong 79 High Street, Belmont VIC 3216 03 5249 2700
Kensington 346 Macaulay Rd, Kensington VIC 3031 03 8378 1100
Kensington Seeing Eye Dogs Australia
17 Barrett Street, Kensington VIC 3031 03 9381 6400
Kooyong 454 Glenferrie Road, Kooyong VIC 3144 1300 84 74 66
Mildura 123 Langtree Ave, Mildura VIC 3500 03 5023 9500
Shepparton Corner Archer St & Channel Rd, Shepparton VIC 3630 03 5831 9400
Warragul 2A Mouritz Street, Warragul VIC 3820 03 5623 0100
Warrnambool 124 Koroit Street, Warrnambool VIC 3280 03 5560 2300

Western Australia

Perth 1/3 Rosslyn St, West Leederville WA 6007 08 6246 4505

Please note: Details are subject to change. See website.

General enquiries

For more information please contact our national contact centre.

Call 1300 84 74 66 Email info@visionaustralia.org Website visionaustralia.org



Vision Australia

Blindness. Low Vision. Opportunity.

Order form

Complete and fax **1300 84 73 29** or email info@visionaustralia.org
Please allow up to 10 working days to receive your order.

Referrer information

Referral form

The person you are referring: Date of birth:

Referrer: Date of birth:

Has person or their parent/guardian been assessed for this referral?

General details of the person you are referring for their primary condition:

Diagnosis:

Onset:

Progression:

Current vision:

Other vision:

Other:

Agency contact if applicable:

Referral type: Referral:

Referral details:

Reason for referral:

Service requested:

Other relevant information about the person's eye condition or health:

Please include a consent and request form and specialist or other documents with this referral. This will help provide the most possible support.

Referrer details:

Referrer name:

Referrer title:

Referrer address:

Referrer phone:

Referrer email:

Referrer fax:

Referrer mobile:

Referrer date:

How to refer: Call Email Fax

Phone: Email: Fax:

Referral pad A5 (50 leaves)

Quantity

Hello, Vision Australia here.

Whatever your level of vision loss, your experience is entirely unique. We can help you access the support you need to keep doing the things you love.

Vision Australia is the leading national provider of specialised support services for people of all ages who are blind or experiencing vision loss.

Contact Vision Australia

Call 1300 84 74 66
Email info@visionaustralia.org
Web visionaustralia.org
Locations VIC ACT NSW QLD WA

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Self-referral cards A5 – national

Quantity

Your details

Full name	Or stamp here
Organisation	
Delivery address	
Suburb	
State	
Postcode	
Email address	
Daytime number	

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When should you refer your patient to Vision Australia?

1

Diagnosis of a permanent, non-correctible or progressive eye condition.

or

2

Visual Acuity is 6/24 or less (BCUA/BEO) or Visual Fields of 30 degrees or less with both eyes open (BEO).

or

3

Vision impairment puts a patient at risk.

or

4

Support adjusting to vision impairment is needed.

Referring is simple. Visit our website visionaustralia.org or fill out the attached referral form.



**Vision
Australia**

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