



PURPOSE

The DSB-2205 is used to refer an eligible individual to the Nursing Eye Care Consultant (NECC) for a low vision evaluation. It includes the individual's identifying information and provides additional information to assist the NECC in performing the evaluation. The service plan of the referring worker (Social Worker for the Blind, Independent Living Rehabilitation Counselor or Vocational Rehabilitation Counselor) should be attached to form DSB-2205 and the recent eye report. The referral will not be accepted without an eye report.

PREPARED BY

DSB-2205 is prepared by the Social Worker for the Blind, Independent Living Rehabilitation Counselor or the Vocational Rehabilitation Counselor when there is a need to refer the eligible individual to the NECC.

INSTRUCTIONS

Name: Enter the individual's full name (first name, middle initial and last name).

Date of Birth: Enter a two-digit month, two-digit day and four-digit year for the date the individual was born. (Example: July 17, 1960 would be entered as 07/17/1960)

Address: Enter the individual's most current street address and city.

Telephone #: Enter the individual's phone number with the area code and seven-digit number.

Alternate Telephone #: Enter the individual's alternate phone number with the area code and seven-digit number. This phone number would be that of work, friend or relative where the individual can be reached if not at home.

County: Enter the individual's current county of residence.

Zip: Enter the individual's zip code.

Contact Person: Enter the name of a friend or relative.

Eligibility Information: How recommended aids will be purchased (self-pay, Block Grant funds, Medical Eye Care funds, Vocational Rehabilitation needs or non-needs case.)



REFERRAL FOR LOW VISION EVALUATION INSTRUCTIONS

Living Situation: Indicate whether individual lives alone or with family/friends.

Reason for Referral: Enter the individual's current need for low vision aids.

Directions: Enter good, clear driving directions from the county DSS or from the NECC's office. Indicate the starting point of the directions.

Education: Enter highest grade completed in school.

Occupation: Enter current occupation if applicable.

Training: Enter any special training the individual has received.

Work Experience: Enter experience from previous employment.

Visual Acuity: Enter right eye visual acuity beside "OD" and enter left eye visual acuity beside "OS".

Visual Field: Enter right eye visual field beside "OD" and enter left eye visual field beside "OS".

Visual Diagnosis: Enter the eye diagnosis from individual's eye doctor and also attach an eye report.

Pertinent Medical Problems/Impairments/Comments: Enter any additional physical or visual concerns that may assist the NECC in doing the evaluation. **Indicate if the individual needs an interpreter for the evaluation. The referral source will arrange this accommodation with the NECC, individual and interpreter.**

Referring Case Manager: Signs and dates the form.

DISTRIBUTION

Original: Nursing Eye Care Consultant
Copy: Case Record