

# Referral form



## How to refer

1. Online: [visionaustralia.org](http://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

## Australian Capital Territory

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

## New South Wales

Albury 490 David Street, 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 Grnd Floor, Suite G02, 40 Mann Street, Gosford NSW 2250 02 4321 6700  
 Lismore 16/8 Slade St, Goonellabah NSW 2480 02 6623 4800  
 Newcastle 7-9 Beaumont St, Hamilton NSW 2303 02 4927 3300  
 Orange 27-31 Perc Griffith Way, Orange, NSW 2800 02 6363 6900  
 Parramatta Shop A, grnd level 128 Marsden Street, Parramatta NSW 2150 02 9334 3333  
 Sydney We provide services in Sydney inner west and west 1300 84 74 66  
 Tamworth 103 Peel St, North Tamworth NSW 2340 02 6926 8500  
 Wagga Wagga Suite 1, 207 Edward Street, Wagga Wagga NSW 2650 02 4220 4300  
 Wollongong 2/106 Market St Wollongong, NSW 2500 02 3727 2345

## Queensland

Brisbane 373 Old Cleveland Road, Coorparoo QLD 4151 07 4037 5600  
 Cairns Boland's Centre, Suite 5A, 14 Spence Street, Cairns City QLD 4870 07 5503 6400  
 Gold Coast L1, Easy T Centre, 510-514 Christine Ave, Robina QLD 4226 07 5409 2200  
 Maroochydore 19 George Street, Maroochydore QLD 4558 07 4434 5800  
 Townsville 7 Fulham Rd, Pimlico, QLD 4812 03 5623 0100

## Victoria

Bairnsdale 27 Dalmahoy St, Bairnsdale VIC 3875 03 5337 4555  
 Ballarat 14 Coltman Plaza, Lucas VIC 3350 03 5445 5700  
 Bendigo 1/20 Bridge Street, Bendigo VIC 3550 03 9760 0000  
 Dandenong 45 Princes Highway, Dandenong VIC 3175 03 8791 0201  
 Geelong 79 High Street, Belmont VIC 3216 03 5249 2700  
 Kensington Seeing Eye Dogs Australia 03 8378 1100  
 17 Barrett Street, Kensington VIC 3031 03 9381 6400  
 Kooyong 454 Glenferrie Road, Kooyong VIC 3144 1300 84 74 66  
 Mildura 136-138 Langtree Avenue, Mildura VIC 3500 03 5023 9500  
 Shepparton 3/12-14 Fryers Street, Shepparton VIC 3630 03 5831 9400  
 Warragul 60 Victoria Street, Warragul VIC 3820 03 5623 0100  
 03 5560 2300

## Western Australia

Perth 148 Railway Parade, West Leederville 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](mailto:info@visionaustralia.org) Website [visionaustralia.org](http://visionaustralia.org)



Vision Australia

Blindness. Low Vision. Opportunity.

# Order form

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

## Referrer information

**Referral form**

**The person you are referring**

First name: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 The person or their parent/guardian has given consent for this referral.

**General details of the person you are referring (if their primary contact)**

Home phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Date of referral: \_\_\_\_\_

**Agency contact (if applicable)**

Agency name: \_\_\_\_\_  
 Agency address: \_\_\_\_\_  
 Agency phone: \_\_\_\_\_

**Referral details**

Reason for referral: \_\_\_\_\_  
 Service requested: \_\_\_\_\_  
 Other relevant information about the person's eye condition or health: \_\_\_\_\_

**Referrer details**

General practice  Community  Other \_\_\_\_\_

Referrer name: \_\_\_\_\_  
 Referrer address: \_\_\_\_\_  
 Referrer phone: \_\_\_\_\_  
 Referrer email: \_\_\_\_\_  
 Date: \_\_\_\_\_

**How to refer**

Phone: 1300 84 73 29 Fax: 1300 84 73 29 Email: [info@visionaustralia.org](mailto:info@visionaustralia.org)  
 Post: PO Box 75 Brisbane QLD 4000

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 73 29  
 Email [info@visionaustralia.org](mailto:info@visionaustralia.org)  
 Web [visionaustralia.org](http://visionaustralia.org)  
 Locations VIC ACT NSW QLD WA

Vision Australia  
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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	

I am happy to receive communications from Vision Australia  Y  N

# 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 6/12 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](http://visionaustralia.org) or fill out the attached referral form.



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Australia**

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