LUMINA VISION THERAPY

Jessica Ships O.D.
Optometric Physician
Pediatric and Vision Therapy Services

Phone: (978) - 726 - 4071
Fax Number: (978) 277-7626

Patient Referral Form

Date _____ Patient Name _____ Age _____

Referred By _____ Contact Information: Parent/Guardian/Self _____

Practice/Office Name _____ Phone _____

Phone _____

Reason for referral:

__ Amblyopia
__ Strabismus
__ Headaches with nearwork
__ Convergence Insufficiency
__ Developmental Delay
__ Eye-Hand Coordination
__ Head movement when reading
__ Learning Problems
__ Letter reversals
__ Post- Concussion Evaluation
__ Tracking Deficits
__ Attention Deficits
__ Visual Discomfort/Headache
__ Visual Motor Dysfunction
__ Visual Perceptual Deficit

Other: _____

Additional Information:

_____

_____

I hereby grant permission for Dr. Jessica Ships and any other practitioner involved in my care to exchange information concerning my case, history, results of examination, treatment, etc. I hereby give permission to have this information faxed to Dr. Ships so that her office can contact me to schedule an evaluation

_____

Patient/Parent Signature Date Provider Signature

.

At Lumina Vision Therapy, we believe in reaching your ultimate functional vision abilities and illuminating your quality of life.

Dr. Jessica Ships: LIC #5655
Optometrist

Member of: Massachusetts Optometric Association,
American Optometric Association
College of Optometrists in Vision Development

Visual tracking
Binocular vision
Amblyopia
Visual Perception
Learning Related Vision Problems
Neuro-rehabilitation