

Self-referral for visual impairment

Please contact me about my sight difficulties.

My name:

Date of birth:

Address:

Postcode:

Telephone number and / or email address:

Do you need an interpreter / translation? (tick) YES NO

I would prefer information in: (language)

Do you live alone? (tick)

YES NO

Do you have responsibilities as a carer? (tick) YES NO

Please tick any relevant statements about the practical effects of your sight difficulties.

I have (tick):

- Difficulty getting about
- A hearing impairment
- Other conditions (specify)

I am especially concerned about (tick):

- Cooking on my own
- Crossing roads safely
- Becoming isolated
- Feelings of distress
- Coping at work
- Coping at school / college
- Reading
- Other - please specify

In the first instance, please contact (tick):

- Me A representative
- A friend A relative

Contact name & details:

Make contact first by (tick):

- Phone Visit
- Letter Email

Send me information in (tick):

- Large Print Email
- Disk Tape

How to ask for help or advice

- Fill in the form
- Cut along the dotted line
- Keep this part for your information
- Send the form part to:

(Social services or agent to insert details here in 16 pt size print)

If you have any difficulties in relation to these matters, you can contact:

- Citizen's Advice Bureau
- The RNIB Helpline (local call rate): **0303 123 9999**
- Your local voluntary organisation for visually impaired people.