



Children's Services
County Hall
Lewes BN17 1SG

Phone and minicom: 01273 481154
Fax: 01273 481377
Email: scsn@eastsussex.gov.uk

1. Child's personal details

Surname		First name	
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Date of birth	
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Address	
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Phone	
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Parent/guardian's name	
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2. Playgroup or school details (if applicable)

School/playgroup	
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Address	
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Phone	
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Contact person	
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3. Referrer's details

Name of person referring child

Address

Phone

Occupation and association with child?

Reason for referral?

Please mark with a 'x'.

Have you informed the child's parents or guardians that you are making this referral?

Yes

No

4. Details of visual impairment

Please mark with a 'x'

Is the child under the care of an ophthalmologist?

Yes

No

If 'yes', please give ophthalmologist's name and hospital.

Do you have any clinical information about the child's vision? (Examples might be acuity figures obtained from an assessment such as 6/24, a known inherited eye condition or a Snellen chart result obtained from a medical carried out by a school nurse).

Does the child have a disability other than a visual one? Please mark with a 'x'

Yes

No

If 'yes', please give brief details.

Declaration of interest

Please mark the declaration box with a 'x' to indicate you have placed a declaration of interest.

Declaration of interest		Date	
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Please print name	
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Please complete and return to:
Head of Service
Service for Children with Sensory Needs (SCSN)
PO Box 4
Children's Services
County Hall
St Anne's Crescent
Lewes BN7 1SG