Record of Disorder(s) resulting in Visual Impairment (CVI Form)
Paediatric patients

Please attach this form to a copy of the CVI and send to :

Certifications Office

c/o The Royal College of Ophthalmologists
Moorfields Eye Hospital
City Road
London
EC1V 2PD

Please

	✓	**Tick each box that applies**
✓		**Supply details for each condition / eye**
	✓ (circled)	**Where possible indicate MAIN cause by also circling the box**

	R	L	Eye	
Visual Pathways & Cortex			**Cortical/ cerebral visual impairment**	*Details*
			Other	
			Nystagmus	
Whole Globe & Anterior Segment			**Anophthalmos/Microphthalmos**	*Details*
			Disorganised globe /Phthisis	
			Anterior segment anomaly	
			Primary glaucoma	
			Other glaucoma	
Amblyopia			**Deprivation**	*Details*
			Strabismus	
			Refractive	
Cornea			**Opacity**	*Details*
			Dystrophy	
			Other	
Lens			**Cataract**	*Details*
			Other	
Uvea			**Aniridia**	*Details*
			Coloboma	
			Uveitis	
			Other	
Retina			**Retinopathy of Prematurity**	*Details*
			Retinal Dystrophy	
			Retinitis	
			Other Retinopathy	
			Retinoblastoma	
			Albinism	
			Retinal Detachment	
			Other	
Optic Nerve			**Hypoplasia**	*Details*
			Other Congenital Anomaly	
			Optic Atrophy	
			Neuropathy	
			Other	
Other				*Details*