Certificate of a Person as Sight Impaired / Partially Sighted, or as Severely Sight Impaired / Blind - Part 1

To be completed by a Consultant / Senior Ophthalmologist

A. Patient's details *(complete manually or use hospital patient long label identifier)*

Title and Surname		**Details of general practitioner**	
Other names		Name	
Address		Address	
Daytime Tel:		Tel.	

	D	D	M	M	Y	Y	Y	Y	**Details of local HSST/ agent**	
Date of birth									Name	
Postcode	**BT**								Address	
Gender (please tick)	Male			Female					Tel.	

Principal Cause of Visual Impairment					
Primary Diagnosis Right		**Primary Diagnosis Left**			
Other Diagnosis Right		**Other Diagnosis Left**			
Other Relevant Findings					
Type of Registration:	**BLIND**		**Partially sighted**		

B. VISUAL FUNCTION **Visual acuity** - Snellen or Snellen equivalent (LogMAR or functional assessment, e.g. hand movement or finger counting)	Right eye	Left eye
Unaided		
Best corrected		
Best corrected (Binocular Vision) (if different from above)		

Field of vision *(Tick box if abnormal)*					**Low vision service** *(Tick one box)*	
Extensive loss of binocular peripheral field	Y		N		To be assessed	
					Already been assessed	
Extensive loss of central visual field	Y		N		Not relevant or the patient does not want an assessment	
Hemianopic field loss	Y		N			
Describe nature of field loss (right, left, Homonymous etc)						
Does sight vary markedly in different light levels? ☐ Yes ☐ No ☐ Don't know						

Consultant signature:_____ date: _____

A copy of this form will upon completion by Ophthalmologists & social services be forwarded to and should be retained by the Patient, referring Hospital, Patient's GP and Social Services Trust. A copy of this page must be sent to Prof AJ Jackson for Epidemiological analysis (See explanatory notes for instructions and address).

Certificate of a Person as Sight Impaired / Partially Sighted, or as Severely Sight Impaired / Blind - Part 2 & 3

To be completed by, or on behalf of, Social/Rehab worker in consultation with the patient

(N.B. Part 1: is completed by a Consultant / Senior Ophthalmologist)

D. Certificate of eligibility to be registered blind or partially sighted

Hospital Name	
Patients Name	
Patients Address	
Date of Birth	
Post Code **BT**	

OR affix patient label identifier here.

Diagnosis for registration (tick box)**:**	
BLIND (or Severely Sight Impaired)	
PARTIALLY SIGHTED (or Sight Impaired)	

Date of examination:

D	**D**	**M**	**M**	**Y**	**Y**	**Y**	**Y**

NB: The date of examination is taken as the date from which any benefits are calculated

E. Other relevant factors about the patient *(For each question tick either 'Yes' or 'No')*

	Yes	No
Does the patient live alone?		
Does the patient have a hearing impairment / additional disability? If yes, Expand:		
Would the patient benefit from information about practical matters such as:		
mobility		
Managing at Home		
reading requirements		
Employment		
Emotional support		
Any specific risks identified / anxieties expressed:		
Is the patient: Retired ☐ Employed ☐ Unemployed ☐ Full-time/Part-time Education ☐		

Patients Name	
Date of Birth	

F. Ethnic origin *(This information is needed for service and epidemiological monitoring)*

White		Bangladeshi		Mixed ethnic group (please write in)
Chinese		Black Caribbean		
Irish Traveller		Black African		Any other ethnic group (please write in)
Indian		Black Other		
Pakistani				

G. Patient format preferences

The patient would prefer further information:

☐ in large print ☐ on tape ☐ on computer disk ☐ in braille

☐ by email to _____ @ _____

The language the patient prefers to receive information in is _____

NB: See the checklist of people to send copies to, at the head of this form. The local Health and Social Services Trust will be the one that covers the place where the patient lives.

I understand that in the case of a child, under Article 14 of the Education (Northern Ireland) Order 1996, the following duties are placed on health and social services authorities.

If a Health and Social Services authority, in the course of exercising any of its functions in relation to a child who has not attained the lower limit of compulsory school age, forms the opinion that he has, or probably has, special educational needs, that authority shall —

(a) Inform the child's parent of its opinion and of its duty under this paragraph and paragraph (2); &

(b) After giving the parent an opportunity to discuss that opinion with an officer of the authority, bring it to the attention of the appropriate board.

Part 3: to be completed by the patient or representative

- I consent to the information on this form being passed to the local Health and Social Services Trust, my GP, Education and library Board and to those charged with collecting information for Epidemiological analysis, with a copy being kept by the hospital. I will also be given a copy.
- I understand that my Health and Social Services Trust will arrange for me to be registered with them if I so wish.
- My attention has been drawn to the 'Notice to driving licence holders'.

Signature: - _____ Date:-_____

I am

☐ the patient

☐ the patient's representative. My name is (please print)_____

Professional's signature:_____ date: _____

About this Certificate

The *Certificate of Vision Impairment* (CVI - NI 2007) replaces the CVI - NI 2005. A consultant ophthalmologist may use it to certify that the named patient is eligible to be registered as sight impaired / partially sighted, or as severely sight impaired / blind under the provisions of the Supplementary Benefits (Requirements) Regulations (NI) 1983. The patient's local Health and Social Services Trust with social services responsibilities, or its designated agency, will arrange with the explicit consent of the patient, for his or her name to be added to the relevant register. If the client so wishes, it will also carry out an assessment of needs, and provide information about the services and benefits available to people who are sight impaired or blind.

Advice for patients

Use of this form does not affect the provision of any medical care. It establishes that your consultant ophthalmologist considers you *eligible* to be registered. ***You will not be added to the local register until you have given your specific consent to your local community Trust or primary care Trust.***

Registration is voluntary, and you can choose to have your name taken off at any time. Choosing not to be registered may affect your entitlement for some statutory financial benefits. Also, registration means that you will be regarded as 'disabled' under the Disability Discrimination Act (DDA). If you are registered, your local Trust should offer you a card confirming your registration.

Your Health and Social Services Trust has a legal duty to advise you of the range of services available to people with sight problems and to carry out an assessment of your needs, irrespective of whether or not you choose to be registered.

If you have any difficulties in relation to these matters, you can obtain independent advice from:

- The RNIB Helpline. Tel. 08457 669999 (local call rate)

If you have a driving licence, please read the important 'Information for driving licence holders'.

Information for driving licence holders

Every driver must be able to read a pre-September 2001 format number plate at 20.5 metres (or a post September 2001 format number plate at 20 metres) in good light.

If your sight is affecting your ability to drive or if the eye specialist has advised you that you are not safe to drive, you are required to contact the:

Driver Licensing Division
Medical Section County Hall
Castlerock Road
Coleraine BT51 3TB
Tel. 02870 341469

The Driver Licensing Division must be told at once if:

- You **NOW** have any physical or mental disability or condition which affects your fitness as a driver or which might do so **IN THE FUTURE** (you do not need to tell Driver Licensing Division if the effect of the disability or the condition is not expected to last more than 3 months).
- You come to know **IN FUTURE** that you have such a disability or condition.

Failure to comply is a criminal offence. Drivers who do not meet the vision requirements and who come to the attention of the police may be liable for a fine of up to £1,000.