

Certificate of a Person as Sight Impaired (partially sighted) or as Severely Sight Impaired (blind)

Part 1: To be completed by the patient or representative

My specific attention has been drawn to the paragraph entitled 'Patient Consent' on page 6 which requires that my express consent is given to the use of my personal information, and to the 'Information for driving licence holders'.

I understand that my council or care trust will arrange for me to be registered with them if I so wish.

Name (please print):

Signature:

Date

I am

the patient

the patient's representative.

To be completed by the consultant ophthalmologist

I consider (tick one)		That this person is sight impaired (partially sighted)
		That this person is severely sight impaired (blind)

Date of examination ____ (dd) ____ (mm) _____(yyyy)

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

Consultant's Signature

Consultant's Name

Hospital address

Epidemiological Analysis: please send a copy of all pages (except pgs. 6 and 7) to the Royal College of Ophthalmologists, c/o certifications office, Moorfields Eye Hospital, City Road, London, EC1V 2PD

The CVI replaced the previous BD8 & CVI 2003 from 1 September 2005

Updated: August 2007

Copies in confidence to:

- Local council / Care trust
- Patient
- Patient's GP
- Hospital notes
- Epidemiological analysis

[Hospital eye service to put hospital logo and / or clinic contact details in here]

Part 2: to be completed by the consultant ophthalmologist

A. Patient's details

Title and Surname	Address
Other names	Email
Date of birth	
NHS Number	Daytime Tel.
Details of general practitioner Name Address Tel.	Details of local social services / agent Name Address Tel.

B. Visual function

Visual acuity (Snellen, LogMAR or functional assessment, e.g. hand movement or finger counting)	Right eye	Left eye
Unaided		
Best corrected		
Best corrected with both eyes		

Field of vision (Put an 'X' in the box if abnormal)	Low vision service (Put an 'X' in the box)
Total loss of visual field	Has been assessed
Extensive loss of visual field (including hemianopia)	To be referred / assessed
Primary loss of peripheral field	Not relevant or the patient does not want an assessment
Primary loss of central field	

Does sight vary markedly in different light levels? (Put an 'X' by Yes or No)

Yes No

Certificate of Vision Impairment (CVI)

C. Diagnosis

Male	Female
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Year of birth				
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Postcode (first half)				
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Where there is more than one cause of vision impairment please circle or asterisk the main cause.

			Right eye	Left eye
Retina	age-related macular degeneration – subretinal neovascularisation	H35.3		
	age-related macular degeneration – atrophic / geographic macular atrophy	H35.3		
	diabetic retinopathy	E10.3 – E14.3 H36.0		
	diabetic maculopathy	H.36.0A		
	hereditary retinal dystrophy	H35.5		
	retinal vascular occlusions	H34.		
	other retinal : please specify			

Glaucoma	primary open angle	H40.1		
	primary angle closure	H40.2		
	secondary	H40.5		
	other glaucoma : please specify			

Globe	degenerative myopia	H44.2		
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Neurological	optic atrophy	H47.2		
	visual cortex disorder	H47.6		
	cerebrovascular disease			

Choroid	chorioretinitis	H30.9		
	choroidal degeneration	H31.1		

Lens	cataract (excludes congenital)	H25.9		
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Cornea	corneal scars and opacities	H17.		
	keratitis	H16.		

Paediatric	retinopathy of prematurity	H35.1		
	congenital CNS malformations	Q00-Q07		
	congenital eye malformations	Q10-Q15		
	congenital: please specify syndrome or nature of the malformation			

Neoplasia	eye	C69.		
	brain & CNS	C71-72		
	other neoplasia: please specify			

Diagnosis not covered in any of the above – please specify, including ICD10 code (where known)

Please note that this is not intended to be a comprehensive list of all possible diagnoses. It does include all but the rare causes of reduced vision abstracted from the 2001 BD8 part 5 returns. The codes above are ICD10.

Part 3: to be completed by eye clinic staff in consultation with the patient

D. Other relevant factors about the patient (Mark all appropriate boxes)

	Yes
Does the patient live alone?	
Does the patient also have a hearing impairment?	
Does the patient have poor physical mobility?	
Does the patient have any other medical conditions that may be relevant? <i>Please specify</i>	
Are there any concerns about how the sight problem or the prospect of registration is affecting the patient emotionally? <i>Please make a note of the concerns here:</i>	
Would the patient benefit from a discussion with a rehabilitation worker about practical matters such as mobility?	
Would the patient benefit from a discussion with a rehabilitation worker about practical matters such as daily living skills?	
Would the patient benefit from a discussion with a rehabilitation worker about practical matters such as employment?	
In the case of a child, would the parent/s or guardian/s welcome guidance about child development, schooling, social implications or parenting?	
Is the patient: Retired <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Child <input type="checkbox"/>	

In the view of clinic staff these factors require contact with the patient (mark the appropriate box):

- Immediately (i.e. potential risk factors present)
- Within the next 2 weeks (in line with Association of Directors of Social Services' national standards)
- As soon as possible

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

a) White

British	
Irish	
Other White	

c) Asian or Asian British

Indian	
Pakistani	
Bangladeshi	
Other Asian	

e) Other ethnic groups

Chinese	
Any other ethnic group	

b) Mixed

White and Black Caribbean	
White and Black African	
White and Asian	
Other mixed	

d) Black or Black British

Caribbean	
African	
Other Black	

F. Patient format preferences

The patient would prefer further information:

- In large print
 on tape
 on computer disk
 by email to _____ @ _____

The language the patient prefers to receive information in is _____

- See the checklist of people to send copies to, at the top of page 2 of this form. The local council / care trust will be the one which covers the place where the patient lives.
- For epidemiological analysis, please post all 5 pages, including this one to: (This address has been put here for placing in a window envelope)

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

About this Certificate

The *Certificate of Vision Impairment* (CVI) replaces form BD8 (1990). 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 National Assistance Act 1948. The patient's local council 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. 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 the local council 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 council or its agent should offer you a card confirming your registration.

Your council 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 your local:

- Citizens Advice Bureau
- society for visually impaired people, or
- the RNIB Helpline. Tel. 0303 123 9999(local call rate)

This page is for the patient only

Patient Consent

I consent to the personal and sensitive personal information contained within this form being passed to my local council, General Practitioner and Primary Care Trust for referral, assessment and registration purposes; in addition:

- I acknowledge that my information will be used by the Royal College of Ophthalmologists on behalf of Moorfields Eye Hospital NHS Foundation Trust (MEH) and the Department of Health (DH) for epidemiological research and analysis;
- understand that the Royal College, MEH and DH have a duty of confidentiality and duties under the Data Protection Act 1998 towards use of my information;
- understand that I do not have to consent to my information being used for any of these purposes, and can withdraw my consent at any point
- am aware that I will also be given a copy of this form.

Information for driving licence holders

In accordance with the advice shown on the driving licence, any driver with impaired vision should inform the DVLA, who will consider each case on an individual basis. The DVLA can be contacted at:

Drivers' Medical Branch
DVLA
Swansea
SA99 1TU

Tel 0300 790 6806 (Monday to Friday 8 am to 5.30pm)
Fax: 0845 850 0095

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