# Part 1: Certificate of Vision Impairment

### Contact details

|  |  |
| --- | --- |
| Surname or family name |  |
| All other names  (identify preferred name) |  |
| Address (including postcode) |  |
| Date of Birth |  |
| Gender |  |
| NHS Number |  |
| Preferred method of contact e.g. phone/email |  |
| Preferred method of communication e.g. BSL, deafblind manual |  |
| Preferred format of information e.g. large print, easy-read, audible |  |
| Preferred language |  |

|  |  |
| --- | --- |
| Local Authority name,  address and telephone number |  |

|  |
| --- |
| To be completed by the Ophthalmologist **🞏 I consider this person is sight impaired (partially sighted) or**  **🞏 I consider this person is severely sight impaired (blind)**  **🞏 An information booklet has been given to the person**  **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of examination**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name (print)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Hospital address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NB: the date of examination is taken as the date from which any concessions are calculated |

**Hospital staff:**

Please give a copy of all pages of this form to the patient (or parent if the patient is a child)

Please send a copy of pages 1-5 to the patient’s local authority and to the patient’s GP, if the patient (or parent if the patient is a child) consents, within 5 working days as stipulated in the Care and Support Statutory Guidance (Care Act 2014)

For research/service planning purposes please send a copy of pages 1-5 to Moorfields Eye Hospital Certifications Office, if the patient (or parent if the patient is a child) consents.

**Part 2: To be completed by the Ophthalmologist**

## Visual function

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Identifier** |  | Right eye | Left eye | Binocular (Habitual) |
| Best corrected visual acuity |  |  |  |

|  |  |
| --- | --- |
| **Field of vision**  🞏 Extensive loss ofperipheral visual field  (including hemianopia) | **Low vision service**  Has a referral for the low vision service been made? Yes 🞏 No 🞏 N/A 🞏  Ye |

## Part 2a: Diagnosis

## For patients under the age of 18 or those with a childhood onset disorder

| Tick each box that applies. Circle the MAIN cause if there is more than one | | | | |
| --- | --- | --- | --- | --- |
|  | | Code | Right eye | Left eye |
| **Central Visual Pathway Problems** | cerebral/cortical pathology affecting mainly a) acuity b) fields c) processing (circle) | H47.6 |  |  |
| nystagmus | H55 |  |  |
| other (specify) | H47.7 |  |  |
| **Whole Globe and Anterior Segment** | anophthalmos/microphthalmos | Q11 |  |  |
| disorganised glob/phthisis | H44 |  |  |
| anterior segment anomaly | Q13 |  |  |
| primary congenital/infantile glaucoma | Q15, H40.1-H40.2 |  |  |
| other glaucoma | H40.8-H40.9 |  |  |
| **Amblyopia** | stimulus deprivation | H53.0 |  |  |
| strabismic | H53.0 |  |  |
| refractive | H53.0 |  |  |
| **Cornea** | opacity | H17 |  |  |
| dystrophy | H18.4 |  |  |
| other (specify) | H18.8-H18.9 |  |  |
| **Cataract** | congenital/infantile | Q12.0 |  |  |
| developmental |  |  |  |
| secondary |  |  |  |
| **Uvea** | aniridia | Q13.1 |  |  |
| coloboma | Q12.2, Q13.0 |  |  |
| uveitis | H20 |  |  |
| other (specify) | H21 |  |  |
| **Retina** | retinopathy of prematurity | H35.1 |  |  |
| retinal dystrophy | H35.5 |  |  |
| retinitis | H30 |  |  |
| other retinopathy | H35.2 |  |  |
| retinoblastoma | C69.2 |  |  |
| albinism | E70.3 |  |  |
| retinal detachment | H33 |  |  |
| other (specify) | H35 |  |  |
| **Optic Nerve** | hypoplasia | Q11.2 |  |  |
| other congenital anomaly | Q14.2 |  |  |
| optic atrophy | H47.2 |  |  |
| neuropathy | H47.0 |  |  |
| other (specify) | H47.0 |  |  |
| **Diagnosis not covered in any of the above - please specify including ICD 10 code if known** | | | | |

## Part 2b: Diagnosis

## For patients 18 years of age or over

| Tick each that applies. Circle the MAIN cause where there is more than one | | | | |
| --- | --- | --- | --- | --- |
|  | | Code | Right eye | Left eye |
| **Retina** | age-related macular degeneration – choroidal neovascularisation (wet) | H35.32 |  |  |
|  | age-related macular degeneration –  atrophic/geographic macular atrophy (dry) | H35.31 |  |  |
|  | age-related macular degeneration unspecified (mixed) | H35.30 |  |  |
|  | 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 | H35 |  |  |
| **Glaucoma** | primary open angle | H40.1 |  |  |
|  | primary angle closure | H40.2 |  |  |
|  | secondary | H40.5 |  |  |
|  | other glaucoma: please specify | H40 |  |  |
| **Globe** | degenerative myopia | H44.2 |  |  |
| **Neurological** | optic atrophy | H47.2 |  |  |
|  | visual cortex disorder | H47.6 |  |  |
|  | cerebrovascular disease | 160-169 |  |  |
| **Choroid** | chorioretinitis | H30.9 |  |  |
|  | choroidal degeneration | H31.1 |  |  |
| **Lens** | cataract (excludes congenital) | H25.9 |  |  |
| **Cornea** | corneal scars and opacities | H17 |  |  |
|  | keratitis | H16 |  |  |
| **Neoplasia** | eye | C69 |  |  |
|  | brain & CNS | C71-72 |  |  |
|  | other neoplasia: please specify | C00-C68, C70, C73-D48 |  |  |
|  | other neoplasia: please specify |  |  |  |
| **Diagnosis not covered in any of the above – please specify, including ICD10 code if known** | | | | |

\*Please note that this is not intended to be a comprehensive list of all possible diagnoses.

## Part 3: To be completed by eye clinic staff and the patient

## Additional information for the local authority

Does the patient live alone? Yes 🞏 No 🞏

Does the patient also have a hearing impairment? Yes 🞏 No 🞏

Does the patient have poor physical mobility? Yes 🞏 No 🞏

Does the patient have a learning disability? Yes 🞏 No 🞏

Is the patient:

Retired 🞏 Employed 🞏 Unemployed 🞏 Pre-school age 🞏 In full-time education 🞏

If the patient is a child, are they already known to the Yes 🞏 No 🞏 Not known 🞏

specialist visual impairment education service?

Please record below any relevant information that may assist the local authority e.g. if you

consider the patient requires support urgently and reasons why. Please include any

mental health, wellbeing or medical and social factors that are present.

|  |
| --- |
|  |

**Ethnicity**

The following information about ethnicity is optional for the patient to provide. Information provided will be used for ethnic monitoring.

## Ethnic group

**White**

🞏 1. English/Northern Irish/Scottish/Welsh/British

🞏 2. Irish

🞏 3. Any other White background, **please describe**

**Mixed/Multiple ethnic groups**

🞏 4. White and Black Caribbean

🞏 5. White and Black African

🞏 6. White and Asian

🞏 7. Any other Mixed/Multiple ethnic background, **please describe**

**Asian/Asian British**

🞏 8. Indian

🞏 9. Pakistani

🞏 10. Bangladeshi

🞏 11. Any other Asian background, **please describe**

**Black/African/Caribbean/Black British**

🞏 12. African

🞏 13. Caribbean

🞏 14. Any other Black/African/Caribbean background, **please describe**

**Chinese/Chinese British**

🞏 15. Chinese

🞏 16. Any other Chinese background, **please describe**

**Other ethnic group**

🞏 17. Other, **please describe**

**Part 4: Consent to share information**

You do not have to consent to your information (or to your child’s information if the patient is a child) being shared. You can choose to share your/your child’s information with one or more of the organisations listed below. If you do give your consent, then you are free to withdraw this at a later stage. We will not share your information with anyone else not listed below.

I consent to share this information with: (\*eye clinic staff to delete as appropriate)

\*My GP

\*My local authority (who will make contact to discuss the benefits of

being registered, vision rehabilitation, habilitation and other support

that might help)

\*Moorfields Eye Hospital Certifications Office

(obtaining information about eye conditions is important as it can

lead to improvements to eye services and medical developments in

the future)

I also confirm that my attention has been drawn to the paragraph

entitled ‘Driving’ on page 7 of this form.

Signed Date

or

I am the patient’s parent or representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

**Patient Information Sheet**

**To be given to the patient (or parent if the patient is a child)**

This Certificate of Vision Impairment (CVI) has three main functions:

1. It qualifies the holder to be registered with their local authority as sight impaired (partially sighted) or severely sight impaired (blind).
2. It lets the local authority know about a person’s circumstances. They have a duty to make contact to offer registration, and to identify any help the person might need with day-to-day tasks.
3. The CVI records important information about the causes of sight loss. It helps the NHS to identify any trends in certain eye conditions and helps with planning services.

**Certification and registration**

If someone is certified as severely sight impaired it does not necessarily mean that they are totally without sight, or that they will lose all of their sight in the future.

Local authorities have a duty to establish and maintain registers of people with sight loss. If you (or if the patient is a child, the parent) have decided that your local authority can receive your or your child’s details, they will contact you to talk about the benefits of being registered. They can also talk to you about vision rehabilitation, habilitation and other support that might help.

Registration is often a positive step to help someone with sight loss to be as independent as possible. You (or if the patient is a child the parent) can choose whether or not to be registered. Once registered, your local authority should offer you a card confirming registration.

People who are registered may find it easier to inform service providers, employers, schools, colleges, or other people of their degree of sight impairment. Registration will also assist people with sight loss and any carers, to become eligible for certain entitlements, including benefits.

**Early Years Development and Education**

Children and young people who are vision impaired are likely to benefit from specialist input to support their development and may receive special educational needs support. If further support is needed an education, health and care (EHC) plan can be provided. You do not need to be registered to receive this support or an EHC plan. Additional support from a social care assessment is valuable and this may be offered as a direct consequence of registration.

## Driving

As a driver with sight loss you must inform the DVLA of this at the earliest opportunity. Whilst the DVLA will consider each case on an individual basis, it is likely that if you have been given this information you should not continue to drive. For more information, please contact: Drivers Medical Branch, DVLA, Swansea, SA99 1TU. Telephone 0300 790 6806. Email [eftd@dvla.gsi.gov.uk](mailto:eftd@dvla.gsi.gov.uk)

**Where to get further information, advice and support**

Your local sight loss charity has lots of information, advice and practical solutions that can help you. Visit [www.visionary.org.uk](http://www.visionary.org.uk)

RNIB offers practical and emotional support for everyone affected by sight loss**.** Call the Helpline on 0303 123 9999 or visit [www.rnib.org.uk](http://www.rnib.org.uk)

Guide Dogs provides a range of support services to people of all ages. Call 0800 953 0113 (adults) or 0800 781 1444 (parents of children and young people) or visit [www.guidedogs.org.uk](http://www.guidedogs.org.uk)

Blind Veterans UK provides services and support to all vision impaired veterans. Call 0800 389 7979 or visit [www.noonealone.org.uk](http://www.noonealone.org.uk)

“Sight Loss: What we needed to know” contains lots of useful information. Visit [www.rnib.org.uk/sightlossinfo](http://www.rnib.org.uk/sightlossinfo)

‘Starting Point’ signposts families to resources and professionals that can help with the first steps following your child’s diagnosis.

Visit [www.vision2020uk.org.uk/startingpoint](http://www.vision2020uk.org.uk/startingpoint)