

Expression of Interest Form

Optimum VI project:

Early development and support of babies and young children with a visual impairment

My name: _____ Status: Mother / Father (please circle)

I would like to hear more information about the Optimum project so I can decide whether I'd like to participate.

Who told me about the project?

Name: _____ Job Title: _____

Place: VI Practitioner/ Hospital (please circle)

Practitioner's Information (e.g. Specialist VI Teacher)

Practitioner's Name:	
Address:	
Post code:	
Telephone:	
If not yet linked to a specialist teacher, please tick box	

Medical Professional's Information (e.g., Eye doctor / Ophthalmologist)

Medical doctor's Name:	
Address:	
Postcode:	
Telephone:	

Please turn over

GP's Information (family doctor)

GP's Name:	
Address:	
Postcode:	
Telephone:	

Child's Information

Child's Surname:	
Child's First Name:	
Date of Birth:	
Address:	
Post code:	
Telephone (Mobile):	
Telephone (Home):	

Eye condition:

Describe:

Any other Medical or
Paediatric condition:

Describe:

Please turn over

What child can see /
Level of vision:

Describe:

If you agree to participate, we will contact your Ophthalmologist / Paediatrician for more information on the above.

Please send to (postal)

Dr Michelle O'Reilly or Dr Elena Sakkalou
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