

**Certificate of Vision Impairment for people who are  
sight impaired (partially sighted) or severely sight  
impaired (blind) – Updated September 2018**

Part 1: Certificate of Vision Impairment

**Patient's Details**

Title and surname or family name:	<input type="text"/>
All other names (identify preferred name):	<input type="text"/>
Address:	<input type="text"/> <input type="text"/>
Postcode:	<input type="text"/> <input type="text"/>
Telephone number:	<input type="text"/>
Email address:	<input type="text"/>
Date of birth:	<input type="text"/>
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
NHS Number:	<input type="text"/> <input type="text"/> <input type="text"/>

**To be completed by the Ophthalmologist**

(Tick the box that applies)

**I consider that:**       **This person is sight impaired (partially sighted)**  
                                  **This person is severely sight impaired (blind)**

I have made the patient aware of the information booklet, "Sight Loss: What we needed to know"  
([www.rnib.org.uk/sightlossinfo](http://www.rnib.org.uk/sightlossinfo))

Yes                      No

Has the patient seen an Eye Clinic Liaison Officer (ECLO)/Sight Loss Advisor?

Yes                      Referred                      Not available

Signed:                       Date of examination:

Name:

Hospital address:

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

**For Hospital staff: Provide/send copies of this CVI as stated below**

An accessible signed copy of the CVI form to the patient (or parent/guardian if the patient is a child).

Pages 1-5 to the patient's local council if the patient (or parent/guardian if the patient is a child) consents, **within 5 working days.**

Pages 1-5 to the patient's GP, if the patient (or parent/guardian if the patient is a child) consents.

Pages 1-6 to The Royal College of Ophthalmologists, c/o Certifications Office, Moorfields Eye Hospital, 162 City Road, London, EC1V 2PD, or by nhs.net secure email to [meh-tr.CVI@nhs.net](mailto:meh-tr.CVI@nhs.net) if the patient (or parent/guardian if the patient is a child) consents.

Part 2: To be completed by the Ophthalmologist

Visual function					
<b>Best corrected visual acuity:</b>	Right eye	Left eye	Binocular (Habitual)		
	Logmar	Logmar	Logmar		
	Snellen	Snellen	Snellen		
<b>Field of vision</b>					
Extensive loss of peripheral visual field (including hemianopia)		Yes	No		
<b>Low vision service</b>					
If appropriate, has a referral for the low vision service been made?		Yes	No	Don't know	Not Required

Part 2a: Diagnosis (for patients 18 years of age or over)

Tick each box that applies. Tick the <b>main</b> cause button if this is the main reason for the impairment.		Main cause	ICD 10 code	Right eye	Left eye
<b>Retina</b>	age-related macular degeneration – choroidal neovascularisation (wet)	<input type="checkbox"/>	H35.32	<input type="checkbox"/>	<input type="checkbox"/>
	age-related macular degeneration – atrophic/geographic macular atrophy (dry)	<input type="checkbox"/>	H35.31	<input type="checkbox"/>	<input type="checkbox"/>
	age-related macular degeneration unspecified (mixed)	<input type="checkbox"/>	H35.30	<input type="checkbox"/>	<input type="checkbox"/>
	diabetic retinopathy	<input type="checkbox"/>	E10.3-E14.3 H36.0	<input type="checkbox"/>	<input type="checkbox"/>
	diabetic maculopathy	<input type="checkbox"/>	H36.0A	<input type="checkbox"/>	<input type="checkbox"/>
	hereditary retinal dystrophy	<input type="checkbox"/>	H35.5	<input type="checkbox"/>	<input type="checkbox"/>
	retinal vascular occlusions	<input type="checkbox"/>	H34	<input type="checkbox"/>	<input type="checkbox"/>
	other retinal (specify)	<input type="checkbox"/>	H35	<input type="checkbox"/>	<input type="checkbox"/>
<b>Glaucoma</b>	primary open angle	<input type="checkbox"/>	H40.1	<input type="checkbox"/>	<input type="checkbox"/>
	primary angle closure	<input type="checkbox"/>	H40.2	<input type="checkbox"/>	<input type="checkbox"/>
	secondary	<input type="checkbox"/>	H40.5	<input type="checkbox"/>	<input type="checkbox"/>
	other glaucoma (specify)	<input type="checkbox"/>	H40	<input type="checkbox"/>	<input type="checkbox"/>
<b>Globe</b>	degenerative myopia	<input type="checkbox"/>	H44.2	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neurological</b>	optic atrophy	<input type="checkbox"/>	H47.2	<input type="checkbox"/>	<input type="checkbox"/>
	visual cortex disorder	<input type="checkbox"/>	H47.6	<input type="checkbox"/>	<input type="checkbox"/>
	cerebrovascular disease	<input type="checkbox"/>	I60-I69	<input type="checkbox"/>	<input type="checkbox"/>
<b>Choroid</b>	chorioretinitis	<input type="checkbox"/>	H30.9	<input type="checkbox"/>	<input type="checkbox"/>
	choroidal degeneration	<input type="checkbox"/>	H31.1	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lens</b>	cataract (excludes congenital)	<input type="checkbox"/>	H25.9	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cornea</b>	corneal scars and opacities	<input type="checkbox"/>	H17	<input type="checkbox"/>	<input type="checkbox"/>
	keratitis	<input type="checkbox"/>	H16	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neoplasia</b>	eye	<input type="checkbox"/>	C69	<input type="checkbox"/>	<input type="checkbox"/>
	brain & CNS	<input type="checkbox"/>	C70-C72, D43-D44	<input type="checkbox"/>	<input type="checkbox"/>
	other neoplasia (specify)	<input type="checkbox"/>	C00-C68, C73-C97, D00-D42, D45-D48	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis not covered in any of the above, specify, including ICD 10 code if known and indicating eye or eyes

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

Part 2b: Diagnosis (for patients under the age of 18)

Tick each box that applies. Tick the <b>main</b> cause button if this is the main reason for the impairment.		Main cause	ICD 10 code	Right eye	Left eye
<b>Central Visual Pathway Problems</b>	cerebral/cortical pathology affecting mainly a) acuity b) fields c) visual perception (circle)	<input type="checkbox"/>	H47.6	<input type="checkbox"/>	<input type="checkbox"/>
	nystagmus	<input type="checkbox"/>	H55	<input type="checkbox"/>	<input type="checkbox"/>
	other (specify)	<input type="checkbox"/>	H47.7	<input type="checkbox"/>	<input type="checkbox"/>
<b>Whole Globe and Anterior Segment</b>	anophthalmos/microphthalmos	<input type="checkbox"/>	Q11	<input type="checkbox"/>	<input type="checkbox"/>
	disorganised globe/phthisis	<input type="checkbox"/>	H44	<input type="checkbox"/>	<input type="checkbox"/>
	anterior segment anomaly	<input type="checkbox"/>	Q13	<input type="checkbox"/>	<input type="checkbox"/>
	primary congenital/infantile glaucoma	<input type="checkbox"/>	Q15, H40.1-H40.2	<input type="checkbox"/>	<input type="checkbox"/>
	other glaucoma	<input type="checkbox"/>	H40.8-H40.9	<input type="checkbox"/>	<input type="checkbox"/>
<b>Amblyopia</b>	stimulus deprivation	<input type="checkbox"/>	H53.0	<input type="checkbox"/>	<input type="checkbox"/>
	strabismic	<input type="checkbox"/>	H53.0	<input type="checkbox"/>	<input type="checkbox"/>
	refractive	<input type="checkbox"/>	H53.0	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cornea</b>	opacity	<input type="checkbox"/>	H17	<input type="checkbox"/>	<input type="checkbox"/>
	dystrophy	<input type="checkbox"/>	H18.4	<input type="checkbox"/>	<input type="checkbox"/>
	other (specify)	<input type="checkbox"/>	H18.8-H18.9	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cataract</b>	congenital	<input type="checkbox"/>	Q12.0	<input type="checkbox"/>	<input type="checkbox"/>
	developmental	<input type="checkbox"/>	H26.9	<input type="checkbox"/>	<input type="checkbox"/>
	secondary	<input type="checkbox"/>	H26.4	<input type="checkbox"/>	<input type="checkbox"/>
<b>Uvea</b>	aniridia	<input type="checkbox"/>	Q13.1	<input type="checkbox"/>	<input type="checkbox"/>
	coloboma	<input type="checkbox"/>	Q12.2, Q13.0	<input type="checkbox"/>	<input type="checkbox"/>
	uveitis	<input type="checkbox"/>	H20	<input type="checkbox"/>	<input type="checkbox"/>
	other (specify)	<input type="checkbox"/>	H21	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retina</b>	retinopathy of prematurity	<input type="checkbox"/>	H35.1	<input type="checkbox"/>	<input type="checkbox"/>
	retinal dystrophy	<input type="checkbox"/>	H35.5	<input type="checkbox"/>	<input type="checkbox"/>
	retinitis	<input type="checkbox"/>	H30	<input type="checkbox"/>	<input type="checkbox"/>
	other retinopathy	<input type="checkbox"/>	H35.2	<input type="checkbox"/>	<input type="checkbox"/>
	retinoblastoma	<input type="checkbox"/>	C69.2	<input type="checkbox"/>	<input type="checkbox"/>
	albinism	<input type="checkbox"/>	E70.3	<input type="checkbox"/>	<input type="checkbox"/>
	retinal detachment	<input type="checkbox"/>	H33	<input type="checkbox"/>	<input type="checkbox"/>
	other (specify)	<input type="checkbox"/>	H35	<input type="checkbox"/>	<input type="checkbox"/>
<b>Optic Nerve</b>	hypoplasia	<input type="checkbox"/>	Q11.2	<input type="checkbox"/>	<input type="checkbox"/>
	other congenital anomaly	<input type="checkbox"/>	Q14.2	<input type="checkbox"/>	<input type="checkbox"/>
	optic atrophy	<input type="checkbox"/>	H47.2	<input type="checkbox"/>	<input type="checkbox"/>
	neuropathy	<input type="checkbox"/>	H47.0	<input type="checkbox"/>	<input type="checkbox"/>
	other (specify)	<input type="checkbox"/>	H47.0	<input type="checkbox"/>	<input type="checkbox"/>

**Diagnosis not covered in any of the above, specify, including ICD 10 code if known and indicating eye or eyes**

### Additional information for the patient's local council

If you are an adult do you live alone?	Yes	No
Does someone support you with your care?	Yes	No
Do you have difficulties with your physical mobility?	Yes	No
Do you have difficulties with your hearing?	Yes	No
Do you have a learning disability?	Yes	No
Do you have a diagnosis of dementia?	Yes	No
Are you employed?	Yes	No
Are you in full-time education?	Yes	No

If the patient is a baby, child or young person, is your child/are you known to the specialist visual impairment education service?

Yes No Don't know

Record any further relevant information below e.g. medical conditions, emotional impact of sight loss, risk of falls, benefits of vision rehabilitation and/or if you think the patient requires urgent support and reasons why.

### Patient's information and communication needs

All providers of NHS and local authority social care services are legally required to identify, record and meet your individual information/communication needs (refer to Explanatory Notes paragraphs 9, 22 and 23).

Preferred method of contact?                      telephone                      email                      letter

Preferred method of communication e.g. BSL, deafblind manual?

Large print 18                                      Large print 22                                      Large print 26

Easy-Read    Audio CD    Email

Other (specify)

I don't know and need an assessment

Preferred language (and identify if an interpreter is required)

**I understand that by signing this form**

I give my permission for a copy to be sent to my GP to make them aware of this certificate.

My GP name/practice:

Address:

Postcode:

Telephone number:

I give my permission for a copy to be sent to my local council (or an organisation working on their behalf) who have a duty (under the Care Act 2014) to contact me to offer advice on living with sight loss and explain the benefits of being registered. When the council contacts me, I am aware that I do not have to accept any help, or be registered at that time, if I choose not to do so.

My local council name:

Address:

Postcode:

Telephone number:

I give my permission for a copy to be sent to The Royal College of Ophthalmologists, Certifications Office at Moorfields Eye Hospital; where information about eye conditions is collected, and used to help to improve eye care and services in the future.

I understand that I do not have to consent to sharing my information with my GP, local council or The Royal College of Ophthalmologists Certifications Office, or that I can withdraw my consent at any point by contacting them directly.

I confirm that my attention has been drawn to the paragraph entitled 'Driving' on page 8 and understand that I must not drive.

**Signed by the patient (or signature and name of parent/guardian or representative)**

## Ethnicity

(this information is needed for service and epidemiological monitoring)

### White

1. English/Northern Irish/Scottish/Welsh/British
2. Irish
3. Any other White background, describe below

### 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, describe below

### Asian/Asian British

8. Indian
9. Pakistani
10. Bangladeshi
11. Any other Asian background, describe below

### Black/African/Caribbean/Black British

12. African
13. Caribbean
14. Any other Black/African/Caribbean background, describe below

### Chinese/Chinese British

15. Chinese
16. Any other Chinese background, describe below

### Other ethnic group

17. Other, describe below

### **Certification**

Keep your Certificate of Vision Impairment (CVI). It has three main functions:

1. It qualifies you to be registered with your local council as sight impaired (partially sighted) or severely sight impaired (blind).
2. It lets your local council know about your sight loss. They should contact you within two weeks to offer registration, and to identify any help you might need with day-to-day tasks.
3. The CVI records important information about the causes of sight loss. It helps in planning NHS eye care services and research about eye conditions.

### **Registration and vision rehabilitation/habilitation**

Councils have a duty to keep a register of people with sight loss. They will contact you to talk about the benefits of being registered. This is likely to be through the Social Services Local Sensory Team (or an organisation working on their behalf). Registration is often a positive step to help you to be as independent as possible. You can choose whether or not to be registered. Once registered, your local council should offer you a card confirming registration. If you are registered, you may find it easier to prove the degree of your sight loss and your eligibility for certain concessions. The Council should also talk to you about vision rehabilitation if you are an adult, and habilitation if you are a child or young person and any other support that might help. Vision rehabilitation/habilitation is support or training to help you to maximise your independence, such as moving around your home and getting out and about safely.

### **Early Years Development, Children and Young People and Education**

Children (including babies) and young people who are vision impaired will require specialist support for their development and may receive special educational needs provision. An education, health and care (EHC) plan may be provided. You do not need to be certified or registered to receive this support or an EHC plan. This support is provided by the council's specialist education vision impairment service. Additional support from a social care assessment may also be offered as a result of registration. Information about the support your council offers to children and young people can be found on the 'Local Offer' page of their website. If you or your child are not known to this service talk to the Ophthalmologist or ECLO/Sight Loss Advisor.

## Driving

As a person certified as sight impaired or severely sight impaired you must not drive and you must inform the DVLA at the earliest opportunity. 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

“Sight Loss: What we needed to know”, written by people with sight loss, contains lots of useful information including a list of other charities who may be able to help you.

Visit [www.rnib.org.uk/sightlossinfo](http://www.rnib.org.uk/sightlossinfo)

‘Sightline’ is an online directory of people, services and organisations that help people with sight loss in your area. Visit [www.sightlinedirectory.org.uk](http://www.sightlinedirectory.org.uk)

‘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)

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/guardians of children/young people) or visit [www.guidedogs.org.uk](http://www.guidedogs.org.uk)

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

SeeAbility is a charity that acts to make eye care more accessible for people with learning disabilities and autism. Their easy read information can be found at [www.seeability.org/looking-after-your-eyes](http://www.seeability.org/looking-after-your-eyes) or you can call 01372 755000.