

**Certificate of Vision Impairment for people who are sight impaired (partially sighted) or severely sight impaired (blind) – Updated August 2017**  
**Part 1: Certificate of Vision Impairment**

**Patient's details**

Title and surname or family name	
All other names (identify preferred name)	
Address (including postcode)	
Telephone number	
Email address	
Date of Birth (dd/mm/yyyy)	
Sex (delete as appropriate)	Female/Male/Unspecified
NHS Number	

**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)**

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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** - delete as appropriate

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

**Yes/Referred/Not available** - delete as appropriate

**Signed** \_\_\_\_\_

**Date of examination** \_\_\_\_\_

**Name**  
**(print)** \_\_\_\_\_

**Hospital**  
**address** \_\_\_\_\_

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

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## **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.

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

**Visual function**

	Right eye	Left eye	Binocular (Habitual)
<b>Best corrected visual acuity</b>			

<b>Field of vision</b> Extensive loss of peripheral visual field (including hemianopia) <b>Yes/No</b> (delete as appropriate)	<b>Low vision service</b> If appropriate, has a referral for the low vision service been made? <b>Yes/No/Don't know</b> (delete as appropriate)
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**Part 2a: Diagnosis (for patients 18 years of age or over)**

Tick each box that applies. Circle the <b>main</b> cause where there is more than one		ICD 10 Code	Right eye	Left eye
<b>Retina</b>	age-related macular degeneration – choroidal neovascularisation (wet)	H35.32		

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Tick each box that applies. Circle the <b>main</b> cause where there is more than one		ICD 10 Code	Right eye	Left eye
	age-related macular degeneration – atrophic/geographic macular atrophy (dry)	H35.3 1		
	age-related macular degeneration unspecified (mixed)	H35.3 0		
	diabetic retinopathy	E10.3- E14.3 H36.0		
	diabetic maculopathy	H36.0 A		
	hereditary retinal dystrophy	H35.5		
	retinal vascular occlusions	H34		
	other retinal (specify)	H35		
<b>Glaucoma</b>	primary open angle	H40.1		

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Tick each box that applies. Circle the <b>main</b> cause where there is more than one		ICD 10 Code	Right eye	Left eye
	primary angle closure	H40.2		
	secondary	H40.5		
	other glaucoma (specify)	H40		
<b>Globe</b>	degenerative myopia	H44.2		
<b>Neuro-logical</b>	optic atrophy	H47.2		
	visual cortex disorder	H47.6		
	cerebrovascular disease	I60-I69		
<b>Choroid</b>	chorioretinitis	H30.9		
	choroidal degeneration	H31.1		
<b>Lens</b>	cataract (excludes congenital)	H25.9		
<b>Cornea</b>	corneal scars and opacities	H17		
	keratitis	H16		
<b>Neoplasia</b>	eye	C69		

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Tick each box that applies. Circle the <b>main</b> cause where there is more than one		ICD 10 Code	Right eye	Left eye
	brain & CNS	C70- C72, D43- D44		
	other neoplasia (specify)	C00- C68, C73- C97, D00- D42, D45- D48		
<b>Diagnosis not covered in any of the above, specify, including ICD 10 code if known</b>				

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

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

Tick each box that applies. Circle the <b>main</b> cause if there is more than one		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)	H47.6		
	nystagmus	H55		
	other (specify)	H47.7		
<b>Whole Globe and Anterior Segment</b>	anophthalmos/microphthalmos	Q11		
	disorganised globe/phthisis	H44		
	anterior segment anomaly	Q13		
	primary congenital/infantile glaucoma	Q15, H40.1 - H40.2		



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Tick each box that applies. Circle the <b>main</b> cause if there is more than one		ICD 10 Code	Right eye	Left eye
	other glaucoma	H40.8 - H40.9		
<b>Amblyopia</b>	stimulus deprivation	H53.0		
	strabismic	H53.0		
	refractive	H53.0		
<b>Cornea</b>	opacity	H17		
	dystrophy	H18.4		
	other (specify)	H18.8 - H18.9		
<b>Cataract</b>	congenital	Q12.0		
	developmental	H26.9		
	secondary	H26.4		
<b>Uvea</b>	aniridia	Q13.1		
	coloboma	Q12.2 , Q13.0		
	uveitis	H20		
	other (specify)	H21		
<b>Retina</b>	retinopathy of prematurity	H35.1		

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Tick each box that applies. Circle the <b>main</b> cause if there is more than one		ICD 10 Code	Right eye	Left eye
	retinal dystrophy	H35.5		
	retinitis	H30		
	other retinopathy	H35.2		
	retinoblastoma	C69.2		
	albinism	E70.3		
	retinal detachment	H33		
	other (specify)	H35		
<b>Optic Nerve</b>	hypoplasia	Q11.2		
	other congenital anomaly	Q14.2		
	optic atrophy	H47.2		
	neuropathy	H47.0		
	other (specify)	H47.0		
<b>Diagnosis not covered in any of the above, specify, including ICD 10 code if known</b>				

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**Part 3: To be completed by the patient (or parent/guardian if the patient is a child) and eye clinic staff e.g. ECLO/Sight Loss Advisor**

**Additional information for the patient's local council** (delete as appropriate)

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.

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### **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 or letter?	
Preferred method of communication e.g. BSL, deafblind manual	
Preferred format of information (circle all that apply)	Large print 18, 22, 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)	

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## **Part 4: Consent to share information**

### **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	
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	
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Address	
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.

<b>Signed by the patient (or signature and name of representative)</b>	
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## **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**

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### **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**

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### **Asian/Asian British**

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

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

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

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## **Chinese/Chinese British**

- ☐ 15. Chinese
- ☐ 16. Any other Chinese background, **describe below**

## **Other ethnic group**

- ☐ 17. Other, **describe below**
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## **Information Sheet for patients** **(or parents/guardians if the patient is a child)**

### **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)

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)

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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)