Dr. Fred Edmunds
Sports Vision Optometrist

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► SPORTS / PERFORMANCE VISION EVALUATION REFERRAL FORM ◄

Date

Referred By Coach / Trainer

School / Team / Club

Address

City State Zip

Area Code Phone

Athlete's Name Age

Primary sport Position

Contact Information: Parent/Guardian

Address

City State Zip

Area Code Phone Best time to call

Relevant description or specific challenging situation in sport: _____

Reason(s) for referral:

- ❑ Competitive athlete looking for visual edge
- ❑ Likely requires vision correction (i.e. contact lenses/refractive surgery) for sport
- ❑ Reports visual discomfort / headaches / eye strain
- ❑ Inconsistent performance on field of play
- ❑ Visual concentration difficulties
- ❑ Player not performing to expectations
- ❑ Other _____

Other pertinent information: _____

I hereby grant permission for Dr. Fred Edmunds, and my coach and/or trainer, to exchange information concerning my performance on the field of play and in the Clinic.
I hereby give permission to have this information emailed, faxed or mailed to Dr. Edmunds so that he may contact me to schedule an appointment for a comprehensive visual performance evaluation.

Patient/Parent Signature Date Coach/Trainer Signature

Note: a copy of the visual performance evaluation and performance vision training final report may be sent to the referring coach/trainer if permitted by athlete.