



Dr. Palki Arora, OD FOVDR FAAO  
Board-Certified Neuro-Optometrist  
Vision Therapy and Rehabilitation  
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(P) 403-242-1800 (F) 403-242-3833

### Vision Therapy Assessment Referral

PATIENT NAME: Mr / Mst / Mrs / Miss / Ms \_\_\_\_\_

DOB: \_\_\_\_\_ Parents/Guardian Name: \_\_\_\_\_

AHC#: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS and Postal Code: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REASON FOR REFERRAL:

Learning Difficulty       Visual Perceptual Testing       Amblyopia       Strabismus

Binocular Dysfunction       Accommodative Dysfunction       Oculomotor/Eye tracking dysfunction

MVA/Concussion       Sports Vision Evaluation       Other: \_\_\_\_\_

History: \_\_\_\_\_

Previous therapies? (please describe): \_\_\_\_\_

Comments: \_\_\_\_\_

Referring Professional  
 Name: \_\_\_\_\_ Profession: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please Fax form to (403) 242-3833**