



Behavioral Optometry
Vision Therapy and Rehabilitation
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REPORT REQUEST FORM

Formal reports support multi-disciplinary care for our patients. They provide:

- A summary of the relevant case history,
- Findings of:
 - visual skills evaluation, and/or
 - visual perceptual processing abilities,
- Analysis of findings,
- Recommendations for care, and
- If applicable, specific recommendations for school/caretakers.

We look forward to supporting you/ your child as part of a multi-disciplinary team. In order to build collaboration, we would like to share our findings with other professionals involved with you/ your child. Please list **name, mailing address**:

	<i>Yes, please share</i>			<i>Yes, please share</i>
Primary Care Provider:			Other (Tutor, Speech Language, Movement, etc.):	
_____			_____	
_____	<input type="checkbox"/>		_____	<input type="checkbox"/>
_____			_____	
School District:			Other (_____):	
_____			_____	
_____	<input type="checkbox"/>		_____	<input type="checkbox"/>
_____			_____	
Occupational Therapist:			Other (_____):	
_____			_____	
_____	<input type="checkbox"/>		_____	<input type="checkbox"/>
_____			_____	

Please share report findings with those indicated above. I understand I will have an opportunity to review the report before it is released.

Patient Name

Parent/Guardian Name

Signature

Date