

Certificate of Vision Impairment (CVI) (Scotland) Form

Certificate of Adults as Sight Impaired (Partially Sighted) or as Severely Sight Impaired (Blind)

Patient details

Surname		
Forename identify preferred name		
Address including postcode		
Date of birth		
CHI number		
Gender		
Telephone numbers	Home	
	Mobile	
Email address		

Part 1: To be completed by the patient / their representative

Name of person signing the form, please print

_____ Date _____

I am (tick one box)	The patient	
	The patient's guardian / power of attorney / doctor re competence	

I agree that this information can be shared with the appropriate
authorities for (tick boxes below if you consent)

The provision of services and support	
Research (further details on page 10)	

Signature

Part 2: To be completed by the Certifying Consultant Ophthalmologist

I consider that (tick one box)	This person is sight impaired (partially sighted)	
	This person is severely sight impaired (blind)	

See page 6 for definitions

Date of examination __ / __ / ____

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

Certifying Ophthalmologist's signature _____

Certifying Ophthalmologist's name _____

Hospital address _____

A. Clinical Visual Assessment

Visual acuity (best corrected) (Snellen, LogMAR or function assessment e.g. hand movement or finger counting)	Right Eye	Left Eye
Near vision		
Extensive loss of central visual field		
Significant inferior field loss		
Extensive loss of binocular visual field	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Hemianopic field loss	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Does sight vary markedly in different light levels e.g. Glare / Night vision?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
Would the patient benefit from a low vision assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Already provided <input type="checkbox"/>	

B. Other relevant factors about the patient (Tick appropriate boxes)

Does the patient live alone?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does the patient also have a hearing impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does the patient have poor physical mobility?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does the patient have any other medical conditions that may be relevant? Free text – please specify e.g. diabetes, dementia, learning disabilities	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Would the patient benefit from rehabilitation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Has there been rapid deterioration of vision?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Do you consider that the patient requires support urgently? Free text – please specify	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is the patient: Retired <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In education <input type="checkbox"/> Other <input type="checkbox"/>	

C. Diagnosis

If there is one single cause of vision loss in both eyes – tick the same diagnostic box for each eye. If there are different causes in either eye or multiple relevant pathologies rank **all causes** by most recent cause and importance on the form.

There should be a maximum of 3 causes for each eye - see explanatory note 11.

Where there is more than one cause of vision impairment please do not tick the boxes, but instead order as 1,2,3 putting 1 as the main cause.

			Right Eye	Left Eye
Retina	Unspecified macular degeneration	H35.30		
	Non-exudative age-related macular degeneration	H35.31		
	Exudative age-related macular degeneration	H35.32		
	Angioid streaks of macula	H35.33		
	Macular cyst, hole or pseudohole	H35.34		
	Diabetic retinopathy	H36		
	Diabetic maculopathy	H36.1A		
	Hereditary retinal dystrophy	H35.5		
	Retinal vascular occlusions	H34.9		
	Other retinal – please specify	H35.9		
Glaucoma	Primary open angle	H40.1		
	Primary angle closure	H40.2		
	Secondary	H40.5		
	Other glaucoma – please specify	H40		
Globe	Degenerative myopia	H44.2		
Neurological	Optic atrophy	H47.2		
	Visual cortex disorder	H47.6		
	Cerebrovascular disease	I169		
Cornea	Corneal scars and opacities	H17.9		
	Keratitis	H16.9		

			Right Eye	Left Eye
Lens	Cataract (excludes congenital)	H25.9		
Choroid	Chorioretinitis	H30.9		
	Choroidal degeneration	H31.1		
Paediatric	Retinopathy of prematurity	H35.1		
	Congenital CNS malformations - please specify if known	Q00-Q07		
	Congenital eye malformations - please specify condition or otherwise anatomical position of anomaly	Q10-Q15		
	Congenital – please specify syndrome or nature of the malformation			
Neoplasia	Eye	C69		
	Brain and CNS	C71.9		
	Other neoplasia – please specify			
Amblyopia		H53		

Diagnosis not covered in any of the above – please specify including ICD-10 (where known)

ICD-10 where known: _____

Part 3: To be completed by the Consultant / Eye Clinic Staff in consultation with the Patient

D. Ethnic origin - This information is needed for service planning and epidemiological monitoring	
White	
Scottish	
Other British	
Irish	
Gypsy / Traveller	
Polish	
Other white ethnic group - please state	
Mixed or multiple ethnic group	
Any mixed or multiple ethnic groups – please state	
Asian, Asian Scottish or Asian British	
Pakistani, Pakistani Scottish or Pakistani British	
Indian, Indian Scottish or Indian British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Chinese, Chinese Scottish, Chinese British	
Other – please state	
African	
African, African Scottish, or African British	
Other – please state	
Caribbean or Black	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	
Other – please state	
Other ethnic group	
Arab, Arab Scottish or Arab British	
Other – please state	
Prefer not to say	

Patient’s preferred language and format for receiving information

The language the patient prefers to receive information in is _____

The patient would prefer to receive further information in

Large print Audio Braille Easy read

Other please specify _____

By email to _____

Definitions

Severely sight impaired (blind)

This is defined in statute – 'so blind that they cannot do any work for which eyesight is essential' (1948 National Assistance Act). The test is whether a person cannot do any work for which eyesight is essential, not just their normal job or one particular job.

Group 1: People who are below 3/60 Snellen or equivalent.

Certify as severely sight impaired people who have visual acuity below 3/60 Snellen (or equivalent). Do not certify as severely sight impaired: people who have visual acuity of 1/18 Snellen unless they also have restriction of visual field. In many cases it is better to test the person's vision at one metre. 1/18 Snellen indicates a slightly better acuity than 3/60 Snellen. However, it may be better to specify 1/18 Snellen because the standard test types provide a line of letters which a person who has a full acuity should read at 18 metres.

Group 2: People who are 3/60 but below 6/60 Snellen or equivalent.

Certify as severely sight impaired people who have a contracted field of vision. Do not certify as severely sight impaired: people who have a visual defect for a long time and who do not have a contracted field of vision. For example, people who have congenital nystagmus, albinism, myopia and other similar conditions.

Group 3: People who are 6/60 Snellen (or equivalent) or above. Certify as severely sight impaired people in this group who have a contracted field of vision especially if the contraction is in the lower part of the field. Do not certify as severely sight impaired: people who are suffering from homonymous or bitemporal hemianopia who still have central visual acuity 6/18 Snellen (or equivalent) or better.

Other points to consider - These points are important because it is more likely that you will certify a person in the following circumstances:

- How recently the person's eyesight has failed? A person whose eyesight has failed recently may find it more difficult to adapt than a person with the same visual acuity whose eyesight failed a long time ago. This applies particularly to people who are in groups 2 and 3 above.

- How old the person was when their eyesight failed? An older person whose eyesight has failed recently may find it more difficult to adapt than a younger person with the same defect. This applies particularly to people in group 2 above.

Sight impaired (partially sighted)

There is no legal definition of sight impairment.

The guidelines are that a person can be certified as sight impaired if they are 'substantially and permanently functionally impaired by defective vision caused by congenital defect or illness or injury'. A person certified as sight impaired is entitled to the same help from their local authority (e.g. social services) as those who are certified as severely sight impaired. However, they may not be eligible for certain social security benefits and concessions for people who are certified as severely sight impaired, unless they have additional disabilities.

As a general guide, certify as sight impaired, people who have visual acuity of:

- 3/60 to 6/60 Snellen (or equivalent) with full field.

- up to 6/24 Snellen (or equivalent) with moderate contraction of the field, opacities in media or aphakia

- 6/18 Snellen (or equivalent) or even better if they have a severe field defect, for example hemianopia, or if there is contraction of the visual field, for example in retinitis pigmentosa or glaucoma.

Patient information sheet overleaf (pages 9 to 12) - to be torn off by the Consultant / Eye Clinic Staff and given to the Patient

Patient information leaflet – Certificate of Vision Impairment (CVI) Scotland

This information sheet tells you about the benefits of registration, the process of registration, sharing your information for research purposes, patient consent, information for drivers and information on voluntary support organisations.

Benefits of registration

You can choose whether or not you want to be registered, however, it is usually a positive step towards getting help for you to stay as independent as possible. It will also be easier for you to prove to service providers, employers, colleges, or other people what your level of sight is. Registration will assist you, and anyone caring for you to become eligible for certain entitlements, including benefits. Local authorities (Councils) have a duty to establish and maintain sight loss registers. Registration will help your local authority understand the needs of its local population which will help them plan services to support people with sight loss.

Process of registration

The Certificate of Vision Impairment (CVI) (Scotland) form, completed by the Consultant Ophthalmologist, indicates that you are eligible to be registered as either being sight impaired (partially sighted) or severely sight impaired (blind) with your local authority. Being registered by your local authority as severely sight impaired does not necessarily mean that you are totally without sight or will lose all of your sight in the future. If you have agreed that your local authority can receive your details they will contact you to talk about an assessment of your needs. The assessment will help you to find out how they can help you to continue to live independently and what support is available in your local area.

They will also talk to you about registration. You should contact your local authority after 28 days if you have not received any contact or information from them. You can contact your local authority before this time if you wish.

Information for research

If you consent to your data being shared, data from this form will be sent to Information Services Division (ISD), part of the NHS' National Services Scotland. This information is important as it will help to inform medical research on eye conditions and eye care in the future, and in the planning of national and local services to provide care and support to people with sight loss.

Patient consent

By signing the Certificate of Vision Impairment (CVI) (Scotland) form, you consent to the personal and sensitive information contained in this Certificate of Vision Impairment (Scotland) form being passed to your local provider of sight support services for an assessment and a discussion about registration. This information is considered necessary to provide appropriate support.

In addition

Information from this form will be used for epidemiological / medical research and analysis, and service planning (if you choose to give your consent).

All parties have a duty of confidentiality, as well as duties under the Data Protection Act 1998 towards the use and protection of your personal information.

You can withdraw your consent for your information being used for these purposes at any point. If you would like to do this, please email nss.isdinfogovernance@nhs.net

Information for people who drive

If you are a driver certified as sight impaired or severely sight impaired you must not drive and you must inform the DVLA (Driver and Vehicle Licensing Agency) at the earliest opportunity.

For more information, you can contact the DVLA at

Drivers' Medical Enquiries

DVLA
Swansea
SA99 1TU

Telephone 0300 790 6806
Fax 0845 850 0095

Email eftd@dvla.gsi.gov.uk
Website <https://www.gov.uk/driving-medical-conditions>

DVLA General Enquiries

Telephone 0300 790 6801
Website <https://www.gov.uk/contact-the-dvla>

Information on voluntary organisations offering advice and support

Information on voluntary organisations that provide advice and support to people with sight loss is available from SCОВI – the umbrella organisation of the vision sector in Scotland.

Website <https://www.scovi.org.uk>
Email info@scovi.org.uk

