



**University of California Berkeley School of Optometry
Binocular Vision & Visual Skills Clinic**

200 Minor Hall
Berkeley, CA 94720-2020
Phone (510) 642-2020

Fax (510) 642-4025

WELCOME TO THE BINOCULAR VISION CLINIC.

Thank you for your interest in our clinic and the services we provide. We look forward to seeing you and trust that we will be able to help you and your child with his/her visual difficulties.

Before you can start any treatment, you will be scheduled for a binocular vision evaluation. This evaluation consists of a complete assessment of the binocular vision system, and is usually scheduled over two 90 minutes visits.

Before your visit, please:

- Complete the attached blue **Developmental History Form**
- Complete the blue **Medical History Form**
- Bring any **previous or present glasses/contact lenses**
- Bring your **Consent to Communicate Via Email Form**
- Ask your therapist for a **Referral Letter**, if appropriate
- Have your regular eye doctor fill out the attached **Referral Form**
- Request a **copy of previous eye exams**, if appropriate
- Bring **copies of educational testing reports**
- Ask for a **copy of the recent IEP** (Individual Educational Plan)
- Bring a **copy of the recent Speech-Language report**
- If applicable, bring recent **Occupational Therapy Report**
- Bring along **samples of your child's writing and size of print reading**
- Ensure that you have **current insurance information** and authorization

Did you remember?

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Following the binocular vision evaluation, we will explain all our findings and discuss possible treatment options.

Since our clinic acts as a specialty clinic into which many doctors refer their patients, our appointment slots are in high demand. Whenever a patient fails to show for an appointment, another patient is deprived of early treatment. Our clinic is also a teaching clinic for our senior students and residency doctors. Therefore, when an appointment is cancelled at the last minute, it is difficult for our front desk assistants to quickly reach another patient to fill the appointment slot.

If you are unable to keep your appointment, please give us 24 hours notice. No-show visits (missed appointments without 24 hours notifications) will be charged a fee.

Due to the financial challenges within California and the University of California system, our fees and payment procedures have changed. Please make sure that you familiarize yourself with those prior to coming to your appointment.

Thank you again for the trust that you have placed in our clinic. We look forward to meeting you. In the meantime, please feel free to review our website at <http://cal-eye-care.org/services/binocular-vision-exams> to learn more about the Binocular Vision Clinic.

Sincerely,

Debora Lee Chen, OD, MPH, FAAO and Mark Wu, OD, FAAO
Co-Chiefs, Binocular Vision Clinic
University of California, Berkeley

I have read and understand the policies for attendance and sharing of information.

Guardian of Patient's Signature: _____ Date: _____