



Center for Better Learning

 Better Vision. Brighter Future. 

Dr. Christina Murray

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Coconut Creek, FL 33073

Ph: (561) 462-1245

Patient Information:

Name: _____

DOB: _____ Age: _____

Home Address: _____

Contact Information:

Parent/ Guardian Name: _____

Relationship to Patient: _____

Phone Number: _____

Email: _____

Reason for Referral:

- ☐ Amblyopia / Strabismus
- ☐ Learning Related Visual Problem
- ☐ Post Concussion/ Head Trauma
- ☐ Eye Tracking/ Teaming Difficulties

- ☐ Double Vision
- ☐ Headaches
- ☐ ADD/ ADHD
- ☐ Visual Stress

Additional Information:

Referring Professional:

Name: _____

Clinic: _____

Address: _____

Phone Number: _____

Email: _____

To refer this patient...

- ☐ Fax a copy of this form
- ☐ Fax any relevant records

We will contact the patient directly to schedule an evaluation.

Reports and treatment plans will be sent following evaluation.

We are a vision therapy only practice. We do not perform any general/ primary eye care.