



*In the event of an emergency please direct your patient to the nearest hospital Emergency Department  
If the patient requires an appointment within 4 weeks please ring Outpatients Reception Ph. 9722 8380 and ask to speak with the Ophthalmology Registrar*

DATE \_\_\_\_\_

- Please note: Patients are ineligible if they have any of the conditions listed over the page
- \*\* Mandatory fields must be completed or this referral may not be accepted

\*\*From: Optom/GP/Ophth Name: \_\_\_\_\_ \*\* GP's Name: \_\_\_\_\_

\*\*From Address, Provider No. \_\_\_\_\_ \*\*GP's Address, Provider No. \_\_\_\_\_

Please provide ID label if available

\*\*Patient name: \_\_\_\_\_ \*\* DOB: \_\_\_ / \_\_\_ / \_\_\_

\*\*Address: \_\_\_\_\_ \*\*Post Code: \_\_\_\_\_

\*\*Contact No. (Home): \_\_\_\_\_ Contact No. (Work): \_\_\_\_\_

\*\*Medicare No: \_\_\_\_\_ \*\* Medicare expiry date: \_\_\_ / \_\_\_ / \_\_\_

\*\*Interpreter required *SEE INSTRUCTIONS ON REVERSE SIDE*: [ ] Yes, \*\*Language: \_\_\_\_\_

\*\*Has the patient previously visited this hospital? [ ] Yes [ ] No

\*\*Onset of problem: [ ] Sudden [ ] Gradual [ ] Incidental finding

Please mark 'X' in relevant boxes

**Condition Suspected**

Cataract	[ ]	Eye trauma	[ ]
Sudden loss of vision	[ ]	Squint	[ ]
Glaucoma	[ ]	Retinal problems	[ ]
Retinal detachment	[ ]	Other: _____	
Iritis	[ ]	_____	

**Risk Factors**

Diabetes	[ ]	Previous eye condition	[ ] Yes [ ] No
Hypertension	[ ]	If yes, please state: _____	

**Symptoms**

Pain	[ ]	Floaters	[ ]
Loss of vision	[ ]	Flashing lights	[ ]
Diplopia	[ ]	Duration: _____	
Watery eyes	[ ]	Other: _____	

**Clinical Examination**

\*\*Best corrected Visual Acuity: Right: \_\_\_\_\_ Left: \_\_\_\_\_

IOP:	Right: _____	Left: _____	PERL	[ ] Yes [ ] No
			Images attached	[ ] Yes [ ] No
Proptosis	[ ]		Fluorescein stain	[ ] Yes [ ] No
Eye movements normal	[ ] Yes [ ] No		Red eye	[ ] Yes [ ] No
Fundoscopy normal	[ ] Yes [ ] No			

Comments / Other Reasons for Referral

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**Language Interpreters:** If your patient has limited English-language skill they will need a health service interpreter even if a family member will be attending the clinic with them.

Please include the preferred language so we can book an interpreter.

### Ineligible Ophthalmology Conditions

The following conditions are **not** routinely seen at Bankstown – Lidcombe Hospital and may be appropriately managed by a local ophthalmologist or optometrist until they reach the clinical thresholds identified in these referrals guidelines.

Condition	Description
Age related macular degeneration	Family history but asymptomatic
Blepharitis	Chronic (Not severe)
Conjunctivitis	No other signs or symptoms
Cornea	No surgical cornea/corneal transplantation
Contact Lens	New or replacement
Diabetes	Newly diagnosed / for screening No evidence of diabetic retinopathy and or visual acuity better than 6/12 corrected
Dry eyes	
Epiphora (watery eye)	Intermittent watery or blocked tear duct
Epiretinal Membrane	
Headaches	When reading/migraine with no ophthalmic symptoms Tension headaches with no ophthalmic symptoms
Itchy eyes	Longstanding with no lid or corneal involvement
Lids	No ocular plastics consultation
Pterygium	Asymptomatic and or visual acuity better than 6/12 corrected
Red eye	Chronic /no associated visual loss or pain
Refraction	
Trichiasis	eyelash removal
Visual acuity for cataract	Better than 6/12 corrected