



SYDNEY EYE HOSPITAL
 Eye Outpatient Department
 Phone: 9382 7046 Fax: 9382 7354
 Email: seslhd-sseh-eyereferrals@health.nsw.gov.au

Please refer to our website
 and 'INFORMATION FOR
 REFERRERS' prior to
 completing this form.

Referral Template

Please do not use this template for medical retina or glaucoma referrals



Each sub-specialty clinic has a strict set of inclusion criteria. Read our referral guidelines by scanning the QR code. If this referral is deemed inappropriate or incomplete, you will be contacted ASAP. Waiting times for non-urgent appointments may be lengthy. Please refer patients to their closest public hospital eye clinic, if possible - see list on reverse side.

PATIENT INFORMATION

Surname: _____ Given Names: _____
 Date of Birth ____ / ____ / ____ Gender: M / F
 Address: _____ Postcode: _____
 Phone: (H) _____ (M) _____
 Medicare No: _____
 Language Spoken at home: _____ Interpreter Required? Yes / No

REFERRER INFORMATION: (to be completed by Optometrist or Ophthalmologist)

Date: ____ / ____ / ____ Referred by: _____
 Designation: Optometrist / Ophthalmologist
 Address: _____ Postcode: _____
 Phone: _____ Fax: _____
 Email address: _____

REASON FOR REFERRAL: (to be completed by Optometrist or Ophthalmologist)

See list of sub-specialty clinics on reverse side

VISUAL ACUITY - test both eyes individually (note if glasses or contact lenses are worn)

Best Corrected Visual Acuity:	RIGHT	PH:	
	LEFT	PH:	
Intraocular pressure:	RIGHT	mmHg	LEFT mmHg



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RELEVANT EYE HISTORY: (Include any previous eye surgery, where and when it was done and by whom)

Is the patient currently under the care of a private ophthalmologist/another public hospital?

Yes and any relevant reports/correspondence are attached

No

Is the patient using any medications or eye drops?

NSW Public Hospital Eye Clinic list:

Bankstown Hospital	Fax: 9722 8398
Liverpool Hospital	Fax: 8738 4585
Royal Prince Alfred Hospital	Fax: 9515 7520
Royal North Shore Hospital	Fax: 9463 1065
Prince of Wales Hospital	Fax: 9382 2281
Concord Hospital	Fax: 9767 6743
Westmead Hospital	Fax: 8890 6117
Sydney Children's Hospital	Fax: 9382 1461
Westmead Children's Hospital	Fax: 9845 3457

Sub-specialty clinic list:

- General
- Cataract (IOL)
- Cornea
- Oculoplastic
- Ocular Oncology
- Surgical Retina (VR)
- Neuro-Ophthalmology
- Inherited Eye Disease
- Paediatric/Squint
- Glaucoma – use glaucoma referral template
- Medical retina/Uveitis – use MR referral template

Please return this referral template and relevant imaging to:
seslhd-sseh-eyereferrals@health.nsw.gov.au

Not all referrals are accepted, and you and your patient will be notified ASAP if this is the case.