



## SYDNEY EYE HOSPITAL

Eye Outpatient Department

Phone: 9382 7046 Fax: 9382 7354

Email: [seslhd-sseh-eyereferrals@health.nsw.gov.au](mailto:seslhd-sseh-eyereferrals@health.nsw.gov.au)

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



### Referral Template – GENERAL

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

**There are new NSW state-wide referral criteria for selected conditions within the specialty of Ophthalmology. Visit the NSW Health website to learn more about this.**  
**Read our referral guidelines by scanning the QR code above.**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ Postcode\*: \_\_\_\_\_

*\*If postcode not in SESLHD catchment area please refer patient to their local public hospital eye clinic in the first instance. See list on back of this page.*

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_ Interpreter Required? Yes / No

Is patient of Aboriginal and/or Torres Strait Islander origin?

☐ NO ☐ Aboriginal origin ☐ Torres Strait Islander origin ☐ Both ☐ Declined to respond ☐ Unknown

#### REASON FOR REFERRAL *(Please see sub-speciality clinic list on the back of this page)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### REFERRER INFORMATION:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred by: \_\_\_\_\_

Designation: Optometrist / Ophthalmologist

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

#### VISUAL ACUITY - test both eyes individually (to be completed by Optometrist or Ophthalmologist)

Best Corrected Visual Acuity: Right Eye: \_\_\_\_\_ With Pinhole: \_\_\_\_\_  
Left Eye: \_\_\_\_\_ With Pinhole: \_\_\_\_\_

Intraocular pressure: Right Eye \_\_\_\_\_ mmHg Left Eye \_\_\_\_\_ mmHg



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

- Glasses / Contact Lens use
- Ocular Conditions and management history
- List all medications, *including eye drops*
- Is the patient currently under the care of a private ophthalmologist/another public hospital? If yes, please attach any relevant correspondence

#### Sub-specialty clinic list:

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

#### NSW Public Hospital Eye Clinics:

Bankstown Hospital Eye Clinic	Phone 9722 8380 Fax 9722 8398	SWSLHD-Bankstown- OutpatientServices@health.nsw.gov.au
Concord Hospital Eye Clinic	Phone 9767 5333 Fax 9767 6743	slhd-concordeyeclinic@health.nsw.gov.au
RPA Hospital Eye Clinic	Phone 9515 7532 Fax 9515 752	slhd-rpaeyeclinic@health.nsw.gov.au
Royal North Shore Hospital Eye Clinic	Phone 9463 1400 Fax 9463 1065	NSLHD-RNSH- Ophthalmology@health.nsw.gov.au
Sutherland Hospital Eye Clinic	Phone 9540 7286 Fax 9540 7304	seslhd-sutherland- outpatients@health.nsw.gov.au
Liverpool Hospital Eye Clinic	Phone 8738 4599 Fax 8738 4585	swwslhd- liverpooleyeclinic@health.nsw.gov.au
Westmead Hospital Eye Clinic	Phone 8890 6668 Fax 8890 6117	e-Referrals only – see website
Prince of Wales Hospital Eye Clinic	Phone 9382 2261 Fax 9382 2281	
Sydney Children's Hospital Eye Clinic	Phone 9382 2261 Fax 9382 1461	schn- schoutpatientseyecolnic@health.nsw.gov.au
Westmead Children's Hospital Eye Clinic	Phone 9845 2261 Fax 9845 3949	schn-chw-eyecolnic@health.nsw.gov.au

Please return this referral template and relevant imaging to:

**[seslhd-sseh-eyereferrals@health.nsw.gov.au](mailto: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.*