

The Prince of Wales Hospital - Eye Clinic PATIENT REFERRAL Form

**The Eye Clinic,
Level 4, High Street Building,
Prince of Wales Hospital,
Randwick, Sydney, 2031**

Referral Date: ___/___/___
Referral addressed to: Dr _____
Referrer's Signature: _____
Referrer's Name: _____

Please **fax** completed referral form to the Eye Clinic on **(02) 9382 2281**

If your patient's referral is **urgent**, please contact:

- The Eye Clinic staff on **(02) 9382 2261** (press option 2, then 5); otherwise, the **on-call Ophthalmology Registrar** (via the Switchboard) on **(02) 9382 2222** - outside of opening hours.

The Eye Clinic referral criteria and guidelines:

- Search "POWH Eye Clinic" at www.seslhd.health.nsw.gov.au
- Referrals which are incomplete or do not meet the Eye Clinic referral criteria will be returned to the referrer.

Patient - Contact Details:

Title: Mr Mrs Miss Ms Other: _____
First Name: _____
Surname: _____
Indigenous Status: _____
Date of Birth: ___/___/___
Postal Address: _____
_____ State: _____ Postcode: _____

Medicare Number: _____
Position number: ___; Valid to: ___/___
Primary phone number: _____
Mobile number: _____
Email address: _____

Health interpreter required for patient?

- If yes, please tick box:
- Please specify language required: _____

Reason for Referral: _____

Ocular Condition Assessment (Please select one): CATARACT PLASTICS GLAUCOMA
 SURGICAL RETINA AND MACULA CORNEA & ANTERIOR SEGMENT DIABETIC RETINOPATHY DIABETES
 PAEDIATRICS SQUINT NEURO-OPHTHALMOLOGY

Patient - Clinical Details:

- Refraction and BCVA:** Date: ___/___/___; R: _____ 6/___; L: _____ 6/___
- Other Relevant Exam Findings:** _____

- Relevant Eye Conditions for Referral of Patient:** Previous Lasik Surgery; Previous Eye Surgery; Other (please specify)

- Relevant Medical Conditions for referral of Patient:** Diabetes; Other (please specify) _____

Contact details - Patient's Optometrist and Practice:	Contact details - Patient's General Practitioner and Practice:	Is the Patient currently under Ophthalmological care? If yes, please provide contact details.
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