In	1		r	n	\supset	11	C		0	n	I١.
	ı	C			а	\cup	0	\subset	\sim		IV



Ophthalmology Referral - Prince of Wales Outback Eye Service

Bourke Health Service fax: 6870 2680, **Brewarrina** Health Service fax: 6839 2822, **Cobar** Health Service fax: 6879 9580, **Lightning Ridge** Health Service fax: 6820 5780, **Walgett** Health Service fax: 6817 9480

Phone: 0418 322 705 (Joanna); 0419 111 687 (Ben); 0424 446 587 (Dan) for all general enquiries
We accept referrals by fax to your preferred clinic location or email: www.www.gov.au
If the appointment is **urgent** please phone Joanna/Ben/Dan for next clinic availability.

	If t	ne app	oint	ment is u i	rgent	please phon	ie Joanna/Ber	n/Dan f	or ne	xt clinic a	vailability	•		
Referral to: (Dutback	Eye Se	ervice	e - Ophtha	almolo	gist	Referral Dat	e:	/	/				
Patient Details:														
Surname:							Given Name/s:							
Date of Birth	:		/	/	Gen	der:	Medicare							
Email:				•			number:	Ref:			Exp:	/		
Contact Num	ber/s:						Interpreter Required?	Yes/ Lang	No guage	:				
Indigenous S	tatus:	□ Aboriginal □ Torres Strait Islander □ Both □ Neither												
Postal Addre	ss:													
		Suburb/Town: Post code:												
Next Of Kin:							Contact Nun	nber/s	of					
Relationship	:						N.O.K:							
Please note: Incomplete referrals will not be triaged. We strongly encourage a full optometry review prior to referral.												eferral.		
Clinical Reaso	on for R	eferra	l:											
☐ Cataract ☐	Glauco	ma 🗆	Dial	betic Retii	nopatl	ny 🗆 Surgic	al Retina 🗆 P	terygiu	ım 🗆	Neuro-	phthalm	ology 🗆	Other	
Relevant Ocu	ılar/Me	dical H	listo	ry:						Relevar	nt Eye Dro	ps and		
										Medica	tions:			
Previous Oph	nthalmi	:: 🗆 Las	ser (I	PI/YAG/SL	T/LAS	IK) 🗌 Traum	na 🗌 Injection	า 🗌 Surย	gery					
Driving:				cuity		IOP	1		Refraction Axis Prism Base Add					
Yes/No	Unaid	, ,			PH)	(mm Hg)	Sphere	Cyl	Cyl		Prism	Base	Add	
Right Eye:	6/	6/												
Left Eye:	6/	6/												
Investigations: (OCT/ VF/ Biometry/ FFA/ ERG/ Radiology/ Pathology/ Tomography/ Other)														
Referring Pr	actitio	ner: 🗆	GP	□ Onton	netrist	t 🗆 Snecia	alist							
Referring Practitioner: ☐ GP ☐ Optometrist ☐ Specialist Name: Pro								·						
Name.							Provider No	,						
Practice Address:								I						
			Suburb/Town: Post code:											
Western NSW Local Health District is committed to integrated care. Please provide the details below of other health														
professionals involved in their care (for future clinical correspondence).														
General Prac	·					· · · · · · · · · · · · · · · · · · ·			Ophthalmologist:					
Generalitae	Ορισι				metrist.			- F						
Address:	Addr			ress:			Address:							
		Addit			Add	ress:			Add	ress:				
					Add	ress:			Add	ress:				
Phone:					Add				Add Pho					

Ophthalmology Referral Options

Refer to Emergency Department	Refer to Outback Eye Service – Eye Clinic								
Emergency	Category 1	Category 2	Category 3						
Urgent cases need to be seen immediately	Urgent next clinic	< 3 months	< 6 months						
 Acute angle closure glaucoma Acute vision loss or signs of stroke Central retinal artery occlusion Chemical injury Giant Cell Arteritis Infectious keratitis (Hypopyon, fungal, Gonococcal/Chlamydia Intraocular foreign bodies Malignant hypertension Orbital cellulitis/acute dacryocystitis Orbital fractures Retinal detachment (macula on, if macula off can wait up to a week) Superior retinal tear Suspecting penetrating eye injury Transient Ischemic Attack/Amaurosis fugax 	 Acquired nystagmus Acute visual field loss Choroidal Melanoma or suspected retinal tumours Corneal decompensation (Bullous Keratopathy, Endothelial Keratopathy) Cranial nerve palsies Diabetes with sudden vision loss Ischemic ocular conditions Macula hole Macula oedema Non-resolving Central Serous Chorioretinopathy Optic neuritis Papilledema Post-op injection inflammation Proliferative diabetic retinopathy Proptosis with visual changes Ptosis if pupil occluded Recent onset pupil changes Retinal tear (not superior) Retinopathy of prematurity Vitreous haemorrhage with retinal pathology (excluding Posterior Vitriol Detachment) Wet Age Related Macular Degeneration White pupil reflex in children 	 Cataract with Best Corrected Visual Acuity (BCVA) > 6/21 Epiretinal membrane with vitreoretinal traction VA >6/12 Eyelid tumours Glaucoma un-responsive to topical therapy Recent onset retinal hole Severe non-proliferative diabetic retinopathy without macula oedema 	 Cataract with Best Corrected Visual Acuity (BCVA) >6/12 <6/21 Epiretinal membrane symptomatic Eyelid problems: ectropion/entropion/ptosis Proptosis without visual issues (Thyroid eye disease) Pterygium encroaching pupil margin Retinoschisis Retinoschisis requiring treatment Unresolving large chalazion 						
	Refer to local Opton	netrist							
	Category 4								
 Cataract with Best Corrected Visual Acuity BCVA <6/12 Chemical injury follow up Choroidal naevus Congenital nystagmus Conjunctivitis Contact lens complications Corneal and sub-tarsal foreign bodies Corneal ulceration Diabetes review, non-proliferative diabetic retinopathy (mild-mod) 	 Drug toxicity screening ie. Plaquenil/tamoxifen Dry Age Related Macular Degeneration Elevated intraocular pressure >30mmHg Epiretinal membrane asymptomatic and no significant distortion Eye discharge Eye health screening Eye pain Eyelid lumps (stye, chalazion) 	 Flashes, floaters Fuchs dystrophy Glaucoma suspect Herpes simplex/ zoster infection Hyphema Keratoconus Monitoring of long-standing retinal hole and retinoschisis Non-infectious Keratitis Post-op cataract inflammation 	 Pterygium visually insignificant Pupil changes with change in vision Refractive error, presbyopia Severe dry eyes, watery eyes, blepharitis Strabismus, amblyopia Sudden onset of blurred vision/ headaches/diplopia Swollen eye Trauma to eye/orbit, chemical burns Uveitis 						