



Sangre Grande Ophthalmology Unit Referral Form

Date: (DD/MM/YYYY) Priority: *Emergency c Urgent c NOT Urgent c*

Please *read* the **GUIDELINES on the REVERSE SIDE** *before* completing this form

PATIENT DETAILS:		REFERRAL SOURCE: Family Practitioner <input type="checkbox"/> Health Centre <input type="checkbox"/> Optometrist <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	
Name	(Surname) (First name)	Name of Person Referring the Patient (PLEASE PRINT):	
DOB	(DD/MM/YYYY) Age:	Signature:	
Address		Office / Health Centre / Practice Official Stamp:	
Telephone	(Home) (Work) (Cellular)	Tel:	Fax:

EYE	Unaided Vision (Distance)	Vision with glasses (Distance)	Pinhole Vision (Distance)	IOP	Patient's Glasses Prescriptions (If Available)
RE					
LE					

REASON FOR REFERRAL: RELEVANT EYE SYMPTOMS AND SIGNS NOTED:

Symptom Duration: _____ Hours Days Weeks Months Years **Which Eye affected:** RE LE BE

Symptoms:

Eye Findings:

Treatment thus far and for how long:

Medical History:	Medications: (including any topical eye drops or ointments, current or past):	Known ALLERGIES:
BP: _____ Diascan: _____		No Known Drug Allergies <input type="checkbox"/>

Any Other Information:

ERHA
OPHTHALMOLOGY
DEPARTMENT
RECEIVED STAMP
and DATE

Guidelines for Completing the Referral Form

We thank you for your referral and appreciate your time and effort completing this form. Please remember **the more information you can provide, the more efficiently we can attend to your patient.**

IMPORTANT: ALL patients are seen in the Unit by REFERRAL ONLY at the moment.

- **For EMERGENCIES:** either contact us (See Phone / Fax Numbers below) or send the patient directly to Accident & Emergency, SANGRE GRANDE HOSPITAL.
- ALL REFERRALS are graded by the ophthalmologist and an urgency rating is assigned based on the **age** of the patient, the **duration and severity** of symptoms and findings, the **assigned priority** (see below) and the availability of clinic sessions and staff.
- **If you wish to discuss a case** with the Ophthalmologist you can contact the eye unit (*See the Website, Telephone and Fax Numbers below*). If we are unable to take your call, please leave a message with your name, contact number, brief description of the query and patient reference. We will get back to you as soon as we can. If you do **fax** the referral, please indicate **"URGENT ATTENTION"** clearly at the top.
- **Please grade the URGENCY of ALL referrals** using the **PRIORITY** rating at the top right hand of the form. We will attempt to see all patients within these guidelines but it may not be possible at times due to pressure of demand: **Emergency:** same day. **Urgent:** 1-2 weeks. **Non-urgent:** everything else.
- **Please PRINT your name legibly, sign and date the referral** under Referral Source on the form so that we may be able to correspond appropriately with you.
- Feedback in the form of a **Summary Letter** can be sent back with the patient for your information. If you do not receive one, please let us know the patient's name and one will be sent as soon as possible
- The patient will receive a **PATIENT INSTRUCTION FORM** (usually within 2 weeks of us receiving their referral form) with their clinic appointment date and other useful information. *If the patient is unable to read the form, please have someone read it to them.* We would greatly appreciate if you can **emphasise the following checklist**; so that they may better understand the process and help us to help them more effectively when they do come:
 - ⌋ **MEDICATIONS:** To bring ALL of their current medications OR a list of them.
 - ⌋ **GLASSES:** any or all of them.
 - ⌋ **DILATION OF THEIR EYES AND BLURRY VISION:** Please explain they may be dilated and will need to have someone to drive them or make alternative **transportation arrangements**.
 - ⌋ **ASSISTANCE:** For someone to accompany them, if necessary, if they are elderly or otherwise in need of assistance OR if they are unable to communicate effectively, for whatever reason, for example: having had a stroke.
 - ⌋ **PRIOR TESTS:** Remind them to bring any tests done elsewhere if they have copies.
 - ⌋ **ANY QUESTIONS:** If they have any questions, suggest they write them down to discuss it with the doctor on the upcoming visit or on any subsequent visit thereafter.

Website: www.sgho.info

Contact us: Telephone: _____ Fax: _____