



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 –
MEDICAL RETINA / UVEITIS

Each sub-specialty clinic has a strict set of inclusion criteria. The MR team will no longer accept referrals without an OCT or clear, coloured fundus image due to the overburdening of our consultant clinics with patients who do not meet our inclusion criteria for referral. If this referral is deemed inappropriate or incomplete, you will be contacted ASAP.

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

REFERRAL TO: MEDICAL RETINA / UVEITIS

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

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

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

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? If so, we will require a report from the specialist, outlining the patient's current treatment regime and recent history, with most recent OCT images attached.

- No
- Yes and a report from specialist and recent OCT images are attached

Is the patient using any medications or eye drops?

Please attach relevant OCT or fundus imaging to this referral in colour. If you are emailing this referral, please do not forget to attach them to your email.

- OCT attached
- Fundus image attached

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.