



Dubbo Public Eye Clinic

Dubbo Health Service
Myall St, Dubbo, NSW 2830

Phone: 02 6809 7400 for ALL general enquiries We accept referrals by email or Argus **only**;
Referrals **ONLY** to: wswlhd-DPECCReferrals@health.nsw.gov.au or Argus wswlhd-ccdubsmc@health.nsw.gov.au
If the appointment is **urgent** please state it in the 'subject' of the email.

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|--|--|----------------------------|----------------------|
| Referral to: Dubbo Public Eye Clinic | | Referral Date: / / | |
| Patient Details: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other | | | |
| Surname: | | Given Name/s: | |
| Date of Birth: / / | Gender: | Medicare number: | |
| Email: | | Ref: / | Exp: / |
| Contact Number/s: | | Interpreter Required? | Yes/ No Language: |
| Indigenous Status: | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither | | |
| Postal Address: | Suburb/Town: Post code: | | |
| Next Of Kin: | | Contact Number/s of N.O.K: | |
| Relationship: | | | |

Please note: Incomplete referrals will not be triaged. We strongly encourage a full optometry review prior to referral.

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|---|---------------|------------------|-------------|------------|-----|------|-------------------------------------|------|-----|
| Clinical Reason for Referral: <input type="checkbox"/> Cataract <input type="checkbox"/> Glaucoma <input type="checkbox"/> Diabetic Retinopathy <input type="checkbox"/> Surgical Retina <input type="checkbox"/> Pterygium <input type="checkbox"/> Neuro- ophthalmology <input type="checkbox"/> Other | | | | | | | | | |
| Relevant Ocular/Medical History: | | | | | | | Relevant Eye Drops and Medications: | | |
| Previous Ophthalmic: <input type="checkbox"/> Laser (PI/YAG/SLT/LASIK) <input type="checkbox"/> Trauma <input type="checkbox"/> Injection <input type="checkbox"/> Surgery | | | | | | | | | |
| Driving: Yes/No | Visual Acuity | | IOP (mm Hg) | Refraction | | | | | |
| | Unaided | BC (glasses/ PH) | | Sphere | Cyl | Axis | Prism | Base | Add |
| Right Eye: | 6/ | 6/ | | | | | | | |
| Left Eye: | 6/ | 6/ | | | | | | | |
| Investigations: (OCT/ VF/ Biometry/ FFA/ ERG/ Radiology/ Pathology/ Tomography/ Other) | | | | | | | | | |

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|--|-------------------------|--------------|--|
| Referring Practitioner: <input type="checkbox"/> GP <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Hospital Doctor <input type="checkbox"/> AHW <input type="checkbox"/> Other | | | |
| Name: | | Provider No: | |
| Practice Address: | Suburb/Town: Post code: | | |

Western NSW Local Health District is committed to integrated care. Please gain the patient's verbal consent and provide the details below of other health professionals involved in their care (for future clinical correspondence).

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|-----------------------|--------------|------------------|
| General Practitioner: | Optometrist: | Ophthalmologist: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

Ophthalmology Referral Options

| Refer to Emergency Department | Refer to Dubbo Public Eye Clinic | | |
|--|---|---|---|
| Emergency Urgent cases need to be seen immediately | Category 1 Urgent next clinic | Category 2 < 3 months | Category 3 < 6 months |
| <ul style="list-style-type: none"> - 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 | <ul style="list-style-type: none"> - 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 | <ul style="list-style-type: none"> - 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 | <ul style="list-style-type: none"> - 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 Optometrist | | | |
| Category 4 | | | |
| <ul style="list-style-type: none"> - 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) | <ul style="list-style-type: none"> - 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) | <ul style="list-style-type: none"> - 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 | <ul style="list-style-type: none"> - 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 |