



Ophthalmology Referral

- To make a referral, fax this form to **8738 4585** or post it to: Liverpool Hospital Eye Clinic, Locked Bag 7103, Liverpool BC 1871.
- Please note: Patients are **ineligible** if they have any of the conditions listed over the page

From: _____ GP's name: _____
 Provider No. _____ Provider No. _____

Please provide ID label if available

Patient name: _____ DOB: _____
 Address: _____ Contact No. (home): _____
 _____ Contact No. (work): _____
 Post Code: _____ Medicare No: _____
 Interpreter required: Yes, Language: _____
 Has the patient previously visited this hospital? Yes No
 Onset of problem: Sudden Gradual Incidental finding

Please mark 'X' in relevant boxes

Condition Suspected

Cataract	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eye trauma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sudden loss of vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Squint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glaucoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retinal problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retinal detachment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
Iritis	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Risk Factors

Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous eye condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state: _____	

Symptoms

Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Floaters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flashing lights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diplopia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration: _____	
Watery eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

Clinical Examination

IOP:	Right: _____ Left: _____	PERL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual acuity:	Right: _____ Left: _____	Images	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proptosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fluorescein stain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye movements normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Red eye	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fundoscopy normal	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments / Other Reasons for Referral

Ineligible Ophthalmology Conditions

The following conditions are **not** routinely seen at Liverpool Hospital and may be appropriately managed by a local ophthalmologist or optometrist until they reach the clinical thresholds identified in these referrals guidelines.

Condition	Description
AMD	<ul style="list-style-type: none"> • Family history but asymptomatic • Retinal Pigment Epithelial changes (previously called 'dry AMD') • Drusen
Blepharitis	<ul style="list-style-type: none"> • Chronic (Not severe) • Itchy eyes • No lid or corneal changes
Chalazion	
Conjunctivitis	<ul style="list-style-type: none"> • No other signs or symptoms
Cosmetic Contact Lens	<ul style="list-style-type: none"> • New or replacement
Diabetes	<ul style="list-style-type: none"> • Newly diagnosed or established for fundus exam (screening) • Non-proliferative (background) diabetic retinopathy (minimal-moderate)
Dry eyes	<ul style="list-style-type: none"> • Longstanding
Entropion/Ectropion	<ul style="list-style-type: none"> • No corneal involvement or lid irritation
Epiphoria (watery eye)	<ul style="list-style-type: none"> • Intermittent watery • Blocked tear duct
Excess Eyelid Skin	<ul style="list-style-type: none"> • Not obscuring line of sight
Flashes	<ul style="list-style-type: none"> • With associated history of migraine
Floaters	<ul style="list-style-type: none"> • Longstanding with no other symptoms
Headaches	<ul style="list-style-type: none"> • When reading • Migraine with no ophthalmic symptoms • Tension headaches with no ophthalmic symptoms
Itchy eyes	<ul style="list-style-type: none"> • Longstanding • Children
Pterygium	<ul style="list-style-type: none"> • Asymptomatic
Red eye	<ul style="list-style-type: none"> • Chronic • No associated visual loss
Refraction	<ul style="list-style-type: none"> • For glasses check • Refractive laser surgery
Retinal	<ul style="list-style-type: none"> • Asymptomatic Epiretinal Membrane (ERM – Stable non-sight threatening retinal disease which is asymptomatic)
Trichiasis	<ul style="list-style-type: none"> • With no corneal involvement • Removal of eyelash in primary health care sector