* 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 [ ] Yes [ ] No Eye trauma [ ] Yes [ ] No

Sudden loss of vision [ ] Yes [ ] No Squint [ ] Yes [ ] No

Glaucoma [ ] Yes [ ] No Retinal problems [ ] Yes [ ] No

Retinal detachment [ ] Yes [ ] No Other:

Iritis [ ] Yes [ ] No

**Risk Factors**

Diabetes [ ] Yes [ ] No Previous eye condition [ ] Yes [ ] No

Hypertension [ ] Yes [ ] No If yes, please state:

**Symptoms**

Pain [ ] Yes [ ] No Floaters [ ] Yes [ ] No

Loss of vision [ ] Yes [ ] No Flashing lights [ ] Yes [ ] No

Diplopia [ ] Yes [ ] No Duration:

Watery eyes [ ] Yes [ ] No Other:

**Clinical Examination**

IOP: Right: Left: PERL [ ] Yes [ ] No

Visual acuity: Right: Left: Images [ ] Yes [ ] No

Proptosis [ ] Yes [ ] No Fluorescein stain [ ] Yes [ ] No

Eye movements normal [ ] Yes [ ] No Red eye [ ] Yes [ ] No

Fundoscopy normal [ ] Yes [ ] 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** | * Family history but asymptomatic
* Retinal Pigment Epithelial changes (previously called ‘dry AMD’)
* Drusen
 |
| **Blepharitis** | * Chronic (Not severe)
* Itchy eyes
* No lid or corneal changes
 |
| **Chalazion** |  |
| **Conjunctivitis** | * No other signs or symptoms
 |
| **Cosmetic Contact Lens** | * New or replacement
 |
| **Diabetes** | * Newly diagnosed or established for fundus exam (screening)
* Non-proliferative (background) diabetic retinopathy (minimal-moderate)
 |
| **Dry eyes** | * Longstanding
 |
| **Entropion/Ectropion** | * No corneal involvement or lid irritation
 |
| **Epiphoria (watery eye)** | * Intermittent watery
* Blocked tear duct
 |
| **Excess Eyelid Skin** | * Not obscuring line of sight
 |
| **Flashes** | * With associated history of migraine
 |
| **Floaters** | * Longstanding with no other symptoms
 |
| **Headaches** | * When reading
* Migraine with no ophthalmic symptoms
* Tension headaches with no ophthalmic symptoms
 |
| **Itchy eyes** | * Longstanding
* Children
 |
| **Pterygium** | * Asymptomatic
 |
| **Red eye** | * Chronic
* No associated visual loss
 |
| **Refraction** | * For glasses check
* Refractive laser surgery
 |
| **Retinal** | * Asymptomatic Epiretinal Membrane (ERM – Stable non-sight threatening retinal disease which is asymptomatic)
 |
| **Trichiasis** | * With no corneal involvement
* Removal of eyelash in primary health care sector
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