



PATIENT REFERRAL FOR OPHTHALMIC EVALUATION

Referring provider: _____

Referral date: _____

Referring provider phone number: _____

Urgency: *Urgent (same day) First available Routine

Patient Name: _____

Patient DOB: _____

Patient phone number: _____

Reason for referral (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Diabetic eye exam | <input type="checkbox"/> Dry eye or foreign body sensation |
| <input type="checkbox"/> High risk medication – Plaquenil,
Amiodarone, Fosamax, Sildenafil,
Accutane, Steroid, Flomax, Tamoxifen | <input type="checkbox"/> Corneal abrasion or ulcer |
| <input type="checkbox"/> Flashes & floaters | <input type="checkbox"/> Glare, halos, suspected cataract |
| <input type="checkbox"/> Distorted, blurry, double vision | <input type="checkbox"/> Age related macular degeneration |
| <input type="checkbox"/> Red eye or conjunctivitis | <input type="checkbox"/> Herpes Zoster evaluation |
| <input type="checkbox"/> Eye pain | <input type="checkbox"/> Other:

_____ |

Glaucoma screening or evaluation/treatment/surgery

Screening risk factors:

- **Steroid therapy (topical, oral, nasal, inhalational)
- High myopia or hyperopia
- Family history of glaucoma
- History of angle closure
- History of high eye pressure
- History of eye/orbital trauma
- History of iritis or inflammatory eye disease

Request for formal visual field testing

- Peripheral vision loss
- Rule out or monitoring of CVA or other intracranial process (MS/optic neuritis, tumor, pseudotumor)
- Baseline testing for anticipated intracranial, facial, or orbital surgery

* For urgent referrals please consider calling our office in advance. Need more copies? Print more www.sgveyegroup.com/documents

** Phulke S, Kaushik S, Kaur S, Pandav S. Steroid-induced Glaucoma: An Avoidable Irreversible Blindness. J Curr Glaucoma Pract. 2017 May-Aug; 11(2): 67–72. Published online 2017 Aug 5. doi: 10.5005/jp-journals-l0028-1226