REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**OPHTHALMOLOGY CLINIC**

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| **SEND TO**: Dr Fraser Imrie (Director of Ophthalmology)  Outpatient Access and Scheduling Centre  Fax: 07 5687 4497  **OR**  **Secure transmission service via Medical Objects or**  **Healthlink to**  **QHEALTH,GOLD COAST HEALTH Outpatients**  **Outpatient Bookings and Referrals** | **FROM**  **Doctors Name:**  **Practice Name:**  **Practice Address:**  **Phone:**  **Fax:**  **Email:**  **Provider Number:** |

Dear Dr Imrie

**SECTION 1 Patient details**

**Patient Full Name:**

**DOB:**

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| **Gender:**  **Address:**  **Home Ph**:  **Mobile Ph:**  **Medicare Number\*:**  (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:**  **Next of Kin/Alternative Contact Ph:**  **Does patient identify as Aboriginal and/or Torres Strait**  **Islander:**  **Interpreter required:**  **If yes, specify language:** |

**SECTION 2 Reason for referral and additional clinical information**

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| What is the reason for this referral:  Please provide provisional diagnosis (if available):  Please include any symptoms and date of onset (if known):  **Paste or type relevant history, clinical examination findings and treatment to date if required** |

**SECTION 3 Mandatory clinical information**

**Please ensure the best corrected visual acuity is documented. Use the most recent distance spectacles or contact lenses (preferably checked by an optometrist or ophthalmologist within the last 12 months). Referrals for cataracts will only be considered if the best corrected visual acuity is worse than 6/12 in the affected eye.**

**SNELLEN** (or equivalent) **visual acuity**

Best corrected VA right eye:

Best corrected VA left eye:

Best corrected VA both eye:

For cataracts: is best VA (with glasses) worse than 6/12:

**SECTION 4 Investigations**

Please attach any investigation results you consider to be relevant. An optometrist or ophthalmologist report is very useful in aiding correct triage. Include as much relevant information as possible about your patient's condition to optimise their chances of being triaged correctly e.g. diagnosis, duration, severity and impact. For glaucoma, the mandatory minimum information that is required is an assessment of the optic discs, intra-ocular pressures (IOP) and visual fields report.

**For glaucoma, attach optometrist/ophthalmologist report:**

**SECTION 5 Duration of referral**

Please indicate how long you would like your referral to remain valid:

☐ 12 months

☐ Indefinite

Indefinite referrals do not expire until the patient has been discharged by the hospital service. When referrals expire, there is an expectation that the referring GP or another GP will review the care of the patient. If the patient still requires specialist care, the GP will then have to request a referral continuation.

**SECTION 6 Social factors and impact on the patient**

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| Consider the impact on employment/education; activities of daily life; ability to care for others; personal safety/frailty; other factors. **Please paste or type relevant information.** |

**SECTION 7 Medical history including co-morbidities and previous surgical interventions**

**Alcohol Status/History:**

**Smoking Status/History:**

**Medical History:**

**Comorbidities:**

**Previous Procedures:**

**Allergies/Adverse Reactions:**

**Current prescribed medications:**

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| **SMOs/VMOs in this Specialist Service** |

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| Dr Fraser Imrie (Director) | Dr Tani Brown | Dr Brett Drury |
| Dr Anthony Fong | Dr Stephen Godfrey | Dr Matthew Green |
| Dr Chih-huh Kuo | Dr Sharon Morris | Dr Heather Russell |
| Dr Chris Stewart | Dr Nathan Walker |  |