

Patient Name _____

Patient UR (if applicable) _____

Patient location _____

Referrer _____

Referrer Contact Details _____

Clinical Details

Presenting Complaint	
Visual Acuity (Best corrected distance vision. Use distance glasses if applicable)	R eye
	L eye
Pupil shape and light response	R eye
	L eye
Relative afferent pupil defect	YES / NO
Is the eye red or injected?	R eye
	L eye
Cornea : clear or cloudy	R eye
	L eye
Red Reflex	R eye
	L eye

 Urgency of referral _____
 (for emergency referrals: please contact the Ophthalmology Registrar on-call)

*Referrals without a visual acuity cannot be accepted. Without a visual acuity, we are unable to triage referrals appropriately to ensure timely care is provided to all.

*Snellen charts are freely available on the internet through such sites as :

<http://www.deakin.edu.au/health/medicine/optometry/eye-tests/images/snellen-chart.pdf>