

A POWH Ophthalmology / CFEH Collaboration

GP REFERRAL: GLAUCOMA MANAGEMENT CLINIC

General Practitioner to FAX to (02) 8115 0799

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| <p>Patient Contact Details</p> <p>Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:</p> <p>First Name: _____</p> <p>Surname: _____</p> <p>Mailing Address: _____</p> <p>Suburb: _____</p> <p>Postcode: _____ State: _____</p> | <p>Assistance Required</p> <p>Mobility: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Other: _____</p> <p>Language Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language: _____</p> <p>Hearing Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: Urgent referrals should not be sent to the Centre</p> |
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Reason for Referral

Is under treatment for (non-advanced*) glaucoma but not currently under regular optometrist / ophthalmologist care

Is under treatment for (non-advanced*) glaucoma and due to financial difficulty has requested an alternative option

Is a glaucoma suspect[#] needing further evaluation and not currently under regular review

Other (glaucoma) _____

Medical and Ocular History (please attach additional information including medications and previous treatment as appropriate)

Patient's previous or current optometrist / ophthalmologist (if applicable)

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|-------------------------|--------------------|
| Ophthalmologist's Name: | Practice location: |
| Optometrist's Name | Practice location: |

Referring Practitioner Details

Name: _____ Practice Name and Address: _____

Medicare Provider No: _____

Date: ____/____/____ Signature: _____

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Please note that:

- Where patients have a family history of glaucoma or other risk factors and you wish to have them assessed, we recommend they are initially referred to a local optometrist or ophthalmologist.
- All tests conducted at CFEH are routine clinical tests and do not involve experimental procedures.
- UNSW optometry students may observe the consultation and assist with visual field testing and other imaging as needed
- Patients should **not** be referred for acute and /or urgent conditions including angle closure glaucoma. On the rare occasion that the patient presents with a condition that requires urgent treatment, appropriate clinical management will be formulated in consultation with the referring practitioner where possible
- The GMC is a satellite clinic of the SESLHD with the consultants employed by the SESLHD

* Patients with advanced glaucoma are defined as having definite optic nerve head pathology and repeatable visual field loss over 12 dB and/or within 10 degrees of fixation (ie marked and/or central loss of visual field)

Glaucoma suspects include patients with no visual field defects but who have significant risk factors for developing the condition including: a strong family history (first generation), high myopia, history of eye trauma, regular corticosteroid usage, thin corneas and pseudo-exfoliation or pigment dispersion syndrome.