



FAX to (02) 8115 0799 or email to enquiries@cfeh.com.au for GLAUCOMA MANAGEMENT at UNSW Kensington

Patient contact details

Title: Dr Mr Mrs Ms Other: _____
 First name: _____
 Surname: _____
 Date of birth: ____ / ____ / ____
 Mailing address: _____

 Suburb: _____ State: _____ Postcode: _____

Assistance required

Mobility Wheelchair Other: _____
 Hearing interpreter Yes No
 Language interpreter Yes No
 If yes, specify language: _____
 Phone (H/W): _____ Mobile: _____
 Email: _____

Reason for Referral

Please note: This clinic is not suitable for patients with prior glaucoma surgery, angle closure, advanced glaucoma (i.e. visual field defects within 10 degrees of fixation or mean deviation of worse than -12dB) and monocular patients.

- High-risk glaucoma suspect who likely requires treatment.** For other suspects, please refer to CFEH general clinic for testing.
- On treatment for glaucoma but wishes to transfer to CFEH.** Reason: _____
 Please attach most recent letters/correspondence. Diagnosis: _____
 Previous treatment: _____ Pre-treatment IOP: R ____ L ____ Method: _____

Patient Clinical Details

**Please provide details, missing data may delay patient care*

Refraction and VA*: R _____ 6/____ L _____ 6/____ Date: ____ / ____ / ____
IOP*: R _____ L _____ (Time: _____) **Method:** Applanation Other _____
Angle status*: R _____ L _____ **Method:** Gonioscopy Van Herick Other _____
Optic nerve observations*: _____ Disc haemorrhage
 Copy of visual field is attached* VF observations: _____
Risk Factors: Family history (sibling/parent) Pseudoexfoliation/Pigment Dispersion Syndrome
 Other relevant information: _____

Shared Care Arrangement (optional)

I am therapeutically-endorsed, have access to OCT & Humphrey VF (not FDT Matrix) and wish to be involved in shared care.

Referring practitioner details

In signing this referral form I agree to abide by CFEH Referring Practitioner Terms and Conditions outlined on the website.

Name: _____ Practice name/branch: _____
 Medicare provider number: _____ Signature: _____ Date: ____ / ____ / ____