



Patient contact details

Title: \_\_\_\_\_
First name: \_\_\_\_\_
Surname: \_\_\_\_\_
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
Mailing address: \_\_\_\_\_
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_
Enter language if an Interpreter is required: \_\_\_\_\_

UNSW KENSINGTON

Please ensure Patient is eligible for CFEH Services

Does NOT have private Health and/or
Has NSW Concession Card\* and/or
Is over 60 years old
\*Concession Cards: Low Income Health Care Card, Pensioner Card, Commonwealth Seniors Health Card, Veteran Gold Card, Seniors Card, Veteran Gold Card, Disability support, JobSeeker
Phone number: \_\_\_\_\_
Email: \_\_\_\_\_

CAMERON CENTRE - PARRAMATTA

Patient clinical details

Refraction and VA: R \_\_\_\_\_ 6/\_\_\_\_ L \_\_\_\_\_ 6/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
IOP: R \_\_\_\_\_ mmHg L \_\_\_\_\_ mmHg Method \_\_\_\_\_

Pertinent exam findings (please attach imaging and visual fields if available):

Patient currently under ophthalmological care? Yes No Co-Mgmt If Yes, complete below

Ophthalmologist: Condition: Last Consult:

Assessment Type (pick one)

- Glaucoma Narrow angles Macula Optic nerve High myopia
Pigmented lesion Peripheral retina Diabetic Retinopathy Drug toxicity
Corneal ectasia Corneal dystrophy (UNSW) Other :

Need more support?

Book a free Telehealth Consultation to discuss you patient cases and receive individualised advice around diagnosis and image interpretation by a CFEH Optometrist. Find information here: https://www.centreforeyehealth.com.au/telehealth/

Reserve your free spot for a Telehealth appointment: Book Now

Referring practitioner details
Name: \_\_\_\_\_ Practice name/branch: \_\_\_\_\_
Medicare provider number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Managing Optometrist (to CC if locum unable to provide follow up on the report) \_\_\_\_\_
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