

# Ophthalmology Emergency Department Referral Form

<b>Patient Name:</b>		<b>Hospital:</b>	Royal Victoria Eye & Ear Hospital
<b>Date of Birth:</b>		<b>Tel/Contact Number:</b>	
<b>Address:</b>		<b>Gender:</b>	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Referral Priority:</b>	<input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Semi Urgent		
<b>Preferred Consultant:</b>	Eye / Ophthalmology Emergency Department		
<b>Reason for referral/ Anticipated outcome:</b>			
<b>Vision Affected:</b>	<input type="text"/>	<b>Onset:</b>	<input type="text"/>
<b>Affected Eye(s):</b>	<input type="text"/>	<b>Symptom Duration:</b>	<input type="text"/> days/weeks/months
<b>Best Corrected Visual Acuity:</b>	Right Eye: <input type="text"/>	Left Eye:	<input type="text"/>
<b>Additional Relevant Information:</b>	<input style="width: 100%;" type="text"/>		
<b>General History:</b>	Previous Hospital Attendance:	<input style="width: 100%;" type="text"/>	
	History of Presenting Complaints:	<input style="width: 100%;" type="text"/>	
	History of Past Illness:	<input style="width: 100%;" type="text"/>	
	History of Surgical Procedures:	<input style="width: 100%;" type="text"/>	
	Allergies/Adverse Medication Events:	<input style="width: 100%;" type="text"/>	
	Relevant Family History:	<input style="width: 100%;" type="text"/>	
<b>Pulse:</b>	<input type="text"/> bpm	<b>BP Systolic/Diastolic:</b>	<input type="text"/> / <input type="text"/> mm/hg
<b>Weight:</b>	<input type="text"/> Kg		
<b>Infection status:</b>	<input style="width: 100%;" type="text"/>		
<b>Clinical Exam:</b>	<input style="width: 100%;" type="text"/>		
<b>Lab Investigation:</b>	<input style="width: 100%;" type="text"/>		
<b>Rad Investigation:</b>	<input style="width: 100%;" type="text"/>		
<b>Social History:</b>	Drinker Yes / No	Smoker	Yes / No
<b>Next of Kin:</b>	<input style="width: 100%;" type="text"/> (name, contact no.& relationship)		
<b>Current Medication:</b>	Patient on Anticoagulants: Yes / No		
	Current Medication: <input style="width: 100%; height: 50px;" type="text"/>		