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