#  OPHTHALMOLOGY REFERRAL FORM

|  |  |
| --- | --- |
| Referring practice details | Referring Veterinary Surgeon |

|  |  |  |
| --- | --- | --- |
| Phone no | Fax no | Email­­ |

|  |  |  |  |
| --- | --- | --- | --- |
| Referral letter to be sent by  | email | letter | both |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Appointment type | Very urgent- same day appointment | Urgent- next day appointment | Normal- next available appointment | Advice only- no appointment |

|  |  |
| --- | --- |
| Where to refer | ICR EdinburghEvery Tuesday, Thursday and OOH |

 **CLIENT DETAILS**

|  |  |  |
| --- | --- | --- |
| Mr/Mrs/Miss/Ms/Dr | Name | Surname |

|  |
| --- |
| Address |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone | Home | Work | Mobile |

 **PATIENT DETAILS**

|  |  |  |
| --- | --- | --- |
| Name | Species | Breed |

|  |  |  |  |
| --- | --- | --- | --- |
| Age | M MN F FN | Insured: Y/N | Insurance companyDate taken the insurance |

 **MEDICAL DETAILS**

|  |  |
| --- | --- |
| General Health |  |
| Eye History |  |
| Present Eye Problem |  |
| Eye treatment |  |
| Case Notes | Email | Owner bringing | Posted | Not Available |

Ophthalmology telemedicine is an advisory service and clients and vets need to be aware that I might not be able to provide a diagnosis, treatment and I might need to recommend a referral to an ophthalmologist.

Please tick if you agree

My recommendations are based on the vet clinical history, clinical findings and quality of picture, my recommendation are purely advisory and the responsibility of the case lies within the Veterinary Surgeon.

Please tick if you agree