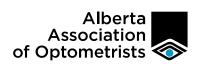
Optometrist Eye Health Exam Referral Form



The following reasons for referral are covered by Alberta Health, however, there may be additional costs that individual optometrists will discuss with the patient beforehand. This referral form can be faxed by the referral source or be given to the patient to book their appointment directly with an optometrist. To find an optometrist go to

www.optometrists.ab.ca/findanoptometrist

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Last Name (Legal)	First Name (Legal)	
Preferred Name (Last, First)		
PHN	DOB (dd-Mon-yyyy)	
Gender: □ Male □ Female □		
Phone:	Email:	

Referring Provider

Provider Name (Last, First):		Provider Type (MD, RN etc.):	Date of Referral: (dd-mm-yyyy)	
Phone:	Fax:	Address/Clinic Name:		
Email:		Practice ID:		
Primary Care Provider (if different from Referring Provider):				

Referred to (to find an optometrist go to www.optometrists.ab.ca/findanoptometrist)

Optometrist Name (Last, First):		Phone:	Fax:
Address/Clinic Name:			
	Findings/Disorder	Routine	Screening/Monitoring
Poutino		□ Catar	act

	Findings/Disorder	Routine Screening/Monitoring
Ro	utine Dry eyes Drugs with adverse ocular effects (certain drugs should be monitored with eye examinations even if no vision changes present) Ethambutol Gilenya Ozempic Hydroxychloroquine Other	 □ Cataract □ Diabetic retinal eye exam □ Glaucoma □ Macular degeneration □ Pediatric eye examination □ Pediatric strabismus □ Post Stroke
	gent	□ Visual field testing□ Other
	Blurry vision (sudden onset)	
	Double vision	
	Eye pain with redness	
	Eyelid infection/inflammation	
	Flashing lights	
	Floaters in visual field	
	Foreign body	
	Visual field loss	
	Headaches	
	Red eye	
	Acute Angle-closure Glaucoma (red eye accompanied by pain, blurred vision and haloes around lights)	
	Other	

Additional Referral Information (A1C, List of Medications):