

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

Patient Information

Last Name <i>(Legal)</i>	First Name <i>(Legal)</i>
Preferred Name <i>(Last, First)</i>	
PHN	DOB <i>(dd-Mon-yyyy)</i>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	
Phone:	Email:

Referring Provider

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

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

Optometrist Name <i>(Last, First):</i>	Phone:	Fax:
Address/Clinic Name:		

Findings/Disorder	Routine Screening/Monitoring
Routine <ul style="list-style-type: none"><input type="checkbox"/> Dry eyes<input type="checkbox"/> Drugs with adverse ocular effects (certain drugs should be monitored with eye examinations even if no vision changes present)<ul style="list-style-type: none"><input type="checkbox"/> Ethambutol <input type="checkbox"/> Topiramate<input type="checkbox"/> Gilenya <input type="checkbox"/> Ozempic<input type="checkbox"/> Hydroxychloroquine <input type="checkbox"/> Other Urgent <input type="checkbox"/> Same day appointment requested <ul style="list-style-type: none"><input type="checkbox"/> Blurry vision (sudden onset)<input type="checkbox"/> Double vision<input type="checkbox"/> Eye pain with redness<input type="checkbox"/> Eyelid infection/inflammation<input type="checkbox"/> Flashing lights<input type="checkbox"/> Floaters in visual field<input type="checkbox"/> Foreign body<input type="checkbox"/> Visual field loss<input type="checkbox"/> Headaches<input type="checkbox"/> Red eye<input type="checkbox"/> Acute Angle-closure Glaucoma (red eye accompanied by pain, blurred vision and haloes around lights)<input type="checkbox"/> Other	<ul style="list-style-type: none"><input type="checkbox"/> Cataract<input type="checkbox"/> Diabetic retinal eye exam<input type="checkbox"/> Glaucoma<input type="checkbox"/> Macular degeneration<input type="checkbox"/> Pediatric eye examination<input type="checkbox"/> Pediatric strabismus<input type="checkbox"/> Post Stroke<input type="checkbox"/> Visual field testing<input type="checkbox"/> Other

Additional Referral Information (A1C, List of Medications):