



Optometrist to FAX to CFEH (02 8115 0799)

Please print clearly and tick as appropriate

Patient Contact Details

Title: [ ] Dr [ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other: \_\_\_\_\_

Phone: ( [ ] [ ] ) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] ( [ ] Home or [ ] Work)

First Name: \_\_\_\_\_

Mobile: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Surname: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

Assistance Requested

Mailing Address: \_\_\_\_\_

Mobility: [ ] Wheelchair [ ] Other: \_\_\_\_\_

Suburb: \_\_\_\_\_

Language Interpreter: [ ] Yes [ ] No

If yes, please specify language: \_\_\_\_\_

Postcode: [ ] [ ] [ ] [ ] State: [ ] [ ] [ ]

Hearing Interpreter: [ ] Yes [ ] No

Accommodation#: [ ] Yes [ ] No

#For clients outside of Sydney. Conditions apply. See separate form for details.

Client Appointment Preference (please tick): [ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri AND [ ] AM or [ ] PM

Patient Clinical Details

Primary reason for referral: \_\_\_\_\_

Diagnosed/ suspected condition: \_\_\_\_\_

Refraction and BCVA: Date: \_\_\_/\_\_\_/\_\_\_ R \_\_\_ 6/\_\_\_ L \_\_\_ 6/\_\_\_

Pertinent exam findings: \_\_\_\_\_

Special instructions: \_\_\_\_\_

REQUESTED SERVICE

Please select either Option 1 OR Option 2 below.

Note: Either option may involve consultation with a CFEH ophthalmologist, as required.

[ ] OPTION 1: Imaging and Visual Function Services: Select up to 3 individual tests

Photography

[ ] Anterior Eye (specify): \_\_\_\_\_

[ ] Peripheral retinal lesion R / L (circle location) | S | SN | N | IN | I | IT | T | ST |

[ ] Posterior (circle test) | Pole | Macula | ONH |

[ ] Ultra Widefield Photography (Optomap)

Posterior Eye

[ ] B-Scan Ultrasound (specify): \_\_\_\_\_

[ ] GDx Pro

[ ] HRT3 ONH

[ ] OCT (select type) [ ] Macula [ ] ONH [ ] Other: \_\_\_\_\_

Anterior Eye

[ ] Confocal Microscopy (select type)

[ ] Endothelial Cell Count

[ ] Other: \_\_\_\_\_

[ ] Corneal Topography (select type)

[ ] Pentacam HR [ ] Medmont E300

[ ] Pentacam: Other: \_\_\_\_\_

[ ] OCT (select type)

[ ] Cornea

[ ] Anterior Segment (circle location)

| S | SN | N | IN | I | IT | T | ST |

Biometry

[ ] A-Scan Ultrasound [ ] IRX3

[ ] Lenstar [ ] Pachymetry

Tests of Visual Function and System

[ ] Acquired Colour Vision (circle test)

| D-15 | De-Sat D-15 | 100 Hue | Sahlgren's |

[ ] FDT Matrix OR [ ] Humphrey VFA (select type)

[ ] 24-2/30-2 [ ] 10-2/Macula

[ ] Other: \_\_\_\_\_

[ ] Electrophysiology\* (select type)

[ ] ERG [ ] VEP [ ] EOG

[ ] Other: \_\_\_\_\_

[ ] Psychophysics\* (specify): \_\_\_\_\_

[ ] OPTION 2: Ocular Condition Assessment: Select one only. (Please provide a referral letter if insufficient space above.)

[ ] Central Retina

[ ] Cornea

[ ] Diabetic Retinopathy

[ ] Glaucoma

[ ] Macula

[ ] Peripheral Retina

[ ] Optic Nerve

[ ] Retinal Dystrophy

Referring Practitioner Details (must be completed)

In signing this referral form, I agree to abide by CFEH Referring Practitioner Terms and Conditions, outlined on the Practitioner Registration Form.

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Medicare Provider No: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]

## INFORMATION FOR REFERRING TO CFEH

Centre for Eye Health is an eye imaging and visual assessment service to assist eye-care practitioners in the management of their patients. As a result, all individuals seen at CFEH must be referred and they remain the patient of the referring practitioner. The services provided by CFEH are free of charge to patients and no Medicare billing occurs.

### Step 1: Register with CFEH

To refer an individual to the Centre you must be registered as a CFEH referring practitioner.

### Step 2: Identify individual(s) to refer to CFEH

The following types of individuals can be referred to CFEH:

- People at risk of developing an eye disease;
- People suspected of having an eye disease; and
- Patients requiring further investigation or ongoing monitoring of an established eye disease.

### Step 3: Refer your patient to CFEH

Your patients can only be referred to the Centre using the CFEH Referral Form. Referral forms will *only be accepted via fax from the referring practitioner*. You are required to inform your patient why you are referring them to the Centre.

**Note:** Please provide your patient with the Client Referral Information card, available in your referral pack.

**Assistance to attend the Centre:** CFEH offers a range of services to assist your patients to attend the Centre. Please indicate any assistance required on the Referral Form or contact us to discuss your patient's specific requirements.

### Step 4: CFEH books your referred patient for an appointment

Appointments will be made by the Centre directly with the referred individual, though you can contact us if this is not suitable. Please ensure that you provide CFEH with appropriate details on the referral form, including specifying your patient's **preferred appointment date and time**.

### Step 5: Your referred patient attends CFEH

Individuals referred to CFEH will complete a client registration form before being seen by a staff optometrist who will conduct the requested tests. This may involve consultation with one of the Centre's ophthalmologists but treatment will NOT be initiated. Results for the requested tests will not be discussed with your patient during the consultation and they will be advised to schedule an appointment with you.

### Step 6: Client report sent to you

A hard copy report, containing results for the requested tests, will be sent to you within **five** business days from your patient's appointment at the Centre.

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## Instruments List

Below are summary descriptions of the main instruments/tests available at the Centre. For further information, please refer to the Instrumentation List or our website [www.cfeh.com.au](http://www.cfeh.com.au).

**Confocal Microscopy** (Confoscan 4 and HRT3 Cornea) can be used for endothelial cell counts as well as imaging all corneal layers.

**E300 (Medmont)** is a Placido disc, anterior corneal topographer. It can also provide anterior surface corneal wavefront aberrometry.

**GDx PRO** provides an assessment of the peripapillary retinal nerve fibre thickness and integrity. This can be useful in early detection of structural changes in glaucoma.

**HRT3 ONH** provides an analysis of the optic disc morphology which is useful in the assessment of glaucoma.

**IRX3 (Shack-Hartmann) Wavefront Aberrometer:** Combines wavefront technology with ocular wavefront analysis software to measure whole eye aberrometry. It can also perform wavefront accommodation assessment.

**LenStar LS-900** is an optical coherence biometer that measures on the visual axis: corneal thickness, anterior chamber depth, lens thickness, axial length, keratometry, HVID and retinal thickness. Its main intended use is in the calculation and selection of IOLs.

**Optomap** non-invasively generates an ultrawidefield digital image of the retina using a multi-laser scanning laser ophthalmoscope. It is highly useful for documenting retinal pathology in the posterior pole and peripheral retina.

**OCT** allows cross-sectional and 3D volume analysis of the retinal and optic nerve, which is especially useful in the investigation of ARMD, diabetic retinopathy and glaucoma. It also allows for cross-sectional images of the anterior segment of the eye, which are useful for structural assessments of the cornea and anterior chamber.

**Pentacam HR** utilises a rotating Scheimpflug camera to image the anterior eye for the purpose of anterior and posterior corneal topography, pachymetry, anterior chamber depth and angle, densitometry and location of media opacities (cornea and lens) and corneal wavefront aberrometry. It can also assist in IOL selection following corneal refractive surgery.

### **Electrophysiology and Psychophysics testing available from August 2010**

**Electrophysiology:** A variety of different techniques such as VEPs and ERGs can be used to assess functional aspects of the retinal and post-retinal visual pathways. *Please contact CFEH to discuss testing available.*

**Psychophysics:** Evaluates perceptual aspects of vision to aid diagnosis of visual dysfunction. Available tests can target spatial vision, temporal vision, colour vision, binocularity and macula integrity. *Please contact CFEH to discuss testing available.*

version: 07\_06.05.10