



## Queensland Electro-Diagnostic & Imaging Centre

Level 1, 87 Ipswich Road, Woolloongabba Qld 4102

PO Box 8008, Woolloongabba Qld 4102

**Phone:** +61 7 3239 5000

**Fax:** +61 7 3844 2246

**Email:** reception@qei.org.au

## QEDIC Clinic Referral

Date: \_\_\_\_\_

### PATIENT INFORMATION

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

DOB: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (M): \_\_\_\_\_

OR AFFIX LABEL HERE

### This is a request for investigation. The provisional diagnosis is: (please tick)

#### RETINAL

- Suspected generalised retinal disorder
- Macular dysfunction
- Bests or Adult Vitelliform
- Birdshot chorioretinitis
- Hydroxychloroquine (plaquenil) screening

#### OTHER/NEURO

- Unexplained vision or visual field loss
- Optic neuropathy
- Albinism
- Nystagmus

Other: \_\_\_\_\_

**The affected eye is:**  Right  Left  Both

**Visual Acuity:**  Right \_\_\_\_\_  Left \_\_\_\_\_ Corrected/uncorrected

Please provide any additional relevant information here: (e.g. language, hearing or mobility difficulties):

\_\_\_\_\_

**Additional documentation (please attach):**  Visual Fields  MRI reports  Other

Is the patient using any eye drops? If yes, please list: \_\_\_\_\_

Please confirm that there are no contraindications for dilation by initialing here: \_\_\_\_\_

Referring Doctor/Consultant (name): \_\_\_\_\_

Provider number: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Address: \_\_\_\_\_ Contact number: \_\_\_\_\_

PLEASE EMAIL OR FAX THIS REFERRAL FORM AND WE WILL CONTACT YOUR PATIENT TO BOOK AN APPOINTMENT.

## Where To Find Us

Queensland Electro-Diagnostic & Imaging Centre is located at the Queensland Eye Institute (QEI). Level 1, 87 Ipswich Rd, Woolloongabba QLD 4102.



**Phone:** +61 7 3239 5000

**Fax:** +61 7 3844 2246

**Email:** [reception@qei.org.au](mailto:reception@qei.org.au)

