



Queensland Electro-Diagnostic & Imaging Centre

Level 1, 87 Ipswich Road, Woolloongabba Qld 4102

PO Box 8008, Woolloongabba Qld 4102

Phone: +61 7 3239 5000

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Email: reception@qei.org.au

QEDIC Clinic Referral

Date: _____

PATIENT INFORMATION

Name: _____

DOB: _____

Phone (H): _____

Phone (M): _____

Medicare No: _____

Address: _____

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. Family History, Clinical Examination findings):

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

Is the patient on any relevant medications/eye drops? If yes, list them: _____

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

Referring Doctor/Consultant (name): _____

Provider number: _____ Date: _____

Practice Address: _____

Email 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.



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