



**\*Ophthalmic Emergencies:** you *must* speak directly to on-call Ophthalmologist at 613-737-7600 x 0

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

Date of Birth (dd/mm/yy): \_\_\_\_\_

Health Card #: \_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_\_

Alternate Phone #1: (\_\_\_\_)-\_\_\_\_\_

#2: (\_\_\_\_)-\_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Referring Optometrist \_\_\_\_\_



Billing #: \_\_\_\_\_

**Non-Urgent Consults**

**Please provide the following details:**

Visual Acuity (Best Corrected): OD \_\_\_\_\_ OS \_\_\_\_\_

Cycloplegic Rx: OD \_\_\_\_\_ OS \_\_\_\_\_ Current Rx: OD \_\_\_\_\_ OS \_\_\_\_\_

**Reason for Referral:**

- Amblyopia**
  - Right eye
  - Left eye
  - Both eyes
  - Amblyopia present despite spectacle correction for > 3 months
  - Patient has undergone a minimum of 3 cycles of amblyopia treatment

- Strabismus**
  - Esotropia
  - Exotropia
  - Vertical
  - Constant
  - Intermittent
  - Deviation present despite spectacle correction (*if required*)

Approximate size of deviation in proper refraction correction:

At Distance \_\_\_\_\_ At Near \_\_\_\_\_

- Other** (describe)

\_\_\_\_\_  
\_\_\_\_\_

Additional details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date