



\*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 Physician: \_\_\_\_\_



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

Non-Urgent Consults

Reason for Referral:

Nasolacrimal Duct Obstruction +/- recurrent conjunctivitis

Infant is at least 12 months old

Parents are performing nasolacrimal sac massage >3 x/day

\*Refer to CHEO website for more information on nasolacrimal duct instructions

Chalazion  Large, non-acute - for surgical drainage; present for \_\_\_\_\_ months

Multiple chronic/recurrent chalazia with blepharitis

No improvement with eyelid care and topical antibiotics for \_\_\_\_\_ months

\*Refer to CHEO website for more information on chalazion

Strabismus  Esotropia (in turning)  Exotropia (out turning)  Vertical

Small angle  Large angle

Observed by:  Caregiver only  Examiner only  Both

Family history of strabismus

\*Patient seen by another eye care provider - please indicate name: \_\_\_\_\_

\*We require previous exam notes prior to booking an appointment

Other (describe)

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

Additional details:

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

Signature \_\_\_\_\_

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

Date \_\_\_\_\_