



DT9289

OPHTHALMOLOGY CONSULTATION ADULT AND PEDIATRIC

**Note: For urgent clinical priority A cases,
contact ophthalmologist on-call.**

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation	Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months		
Result of visual acuity	O.D. (right):	/	O.S. (left): /
<input type="checkbox"/> Herpes Zoster Ophthalmicus with red eye or decreased vision <i>(Prerequisite: start antiviral treatment and write down result of visual acuity at the beginning of the form)</i>		B	<input type="checkbox"/> Chronic tearing in an adult <i>(Prerequisite: write down result of visual acuity at the beginning of the form)</i> E
Refractory conjunctivitis being treated for over 2 weeks <i>(Prerequisite: write down result of visual acuity at the beginning of the form)</i>	<input type="checkbox"/> With pain	C D	<input type="checkbox"/> Documented and symptomatic cataract <i>(Prerequisite: optometrist's report and write down result of visual acuity at the beginning of the form)</i> E
	<input type="checkbox"/> Without pain		Palpebral lesions <input type="checkbox"/> Malignant appearance D <input type="checkbox"/> Benign appearance E
<input type="checkbox"/> Patient treated for chronic glaucoma <i>(Prerequisite: eye pressure results (if available) and write down result of visual acuity at the beginning of the form)</i>		D	<input type="checkbox"/> Acute persistent chalazion <i>(Prerequisite: medical treatment received over last 3 months)</i> E
<input type="checkbox"/> Documented diabetic retinopathy <i>(Prerequisite: optometrist's report and write down result of visual acuity at the beginning of the form)</i>		E	Pediatrics
		E	
<input type="checkbox"/> Hydroxychloroquine (Plaquenil) treatment <i>(Prerequisite: Treatment start date: Dosage: and write down result of visual acuity at the beginning of the form)</i>		E	<input type="checkbox"/> Persistent dacryostenosis <i>(Prerequisite: child over 12 months)</i> If under 12 months old: no indication for referral D
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):			Clinical priority
Suspected diagnosis and clinical information (mandatory)		If prerequisite is needed:	
		<input type="checkbox"/> Attached to this form <input type="checkbox"/> Medical treatment received over last 3 months	
Special needs:			
Referring physician identification and point of service			Stamp
Referring physician's name		Licence no.	
Area code	Phone no.	Extension	
Area code	Fax no.		
Name of point of service			
Signature	Date (year, month, day)		
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician			
Family physician's name			
Name of point of service			Registered referral (if required) If you would like a referral for a particular physician or point of service
			Name of attending ophthalmologist, if known:

For urgent clinical priority A cases (≤ 3 days), contact ophthalmologist on-call

- Red, sore eye : keratitis, uveitis, acute glaucoma
- Corneal foreign body that cannot be removed
Prescribe antibiotic ointment QID
- Residual corneal siderosis
Prescribe antibiotic ointment QID
- Floaters in the vitreous with recent acute onset flashes (less than 7 days ago)
- Ocular perforation or orbital trauma or hyphema
- Sudden bilateral homonymous visual field loss < 24 hours
- Diplopia with pupillary involvement
- Periorbital cellulitis

It is better to send patients to the optometrist for the following conditions:

These services are covered by the RAMQ for patients ≤ 18 years old and ≥ 65 years old.

- Dry or watery eyes
- Glaucoma screening
- Diabetic retinopathy screening
- Age-related macular degeneration (AMD) screening
- Cataract screening
- Assessment of visual acuity disturbances
- Vision screening for children