

# OPTOMETRY REFERRAL FORM

Referrer

GP Name: .....

Practice : .....

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Patient Name: ..... NHI: .....

Address: .....

..... DOB: .....

Dear Optometrist,

Please assess this patient for: (Tick or Circle where appropriate)

- Cataract
- Possible glaucoma
- Headaches
- Sore and/or red eye
- Compliance with visual standards (e.g. driving, police, occupational)
- Presbyopia
- Suitability of current spectacle Rx
- Recent change in vision
- Other (please specify)

Relevant background details are:

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Current medications include:

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- Please contact patient to arrange an appointment
- Patient to arrange appointment

*(complete if specific optometrist required)*

Optometrist: .....

Practice : .....

**Please provide a report of your findings**

Signed: .....

GP Name: .....



N·Z·A·O

NEW ZEALAND ASSOCIATION  
OF OPTOMETRISTS INC.