



Central Alberta Eye Surgery
Dr. Kaisra Esmail

COMPREHENSIVE OPHTHALMOLOGY SERVICES PROUDLY SERVING CENTRAL ALBERTA

REFERRAL FORM

Medical Urgency: Urgent (within one week) Semi-urgent (within one month)
 Routine (next available) **Emergent (Please call Ophthalmologist on call)

PATIENT INFORMATION (OR PATIENT LABEL):	
NAME:	AHC #: <small>(please state if patient does not have provincial health care coverage)</small>
DOB:	
ADDRESS:	
PHONE:	ALTERNATE PHONE:

***Please inform the patient that they will need to bring a translator if they are unable to communicate in English*

CLINIC INFORMATION:	
REFERRING PHYSICIAN:	REFERRING CLINIC:
ADDRESS:	
PHONE:	FAX:
PRAC ID#:	Referral is for: <input type="checkbox"/> Transfer of care <input type="checkbox"/> Co-management

VISUAL ACUITY (WITH GLASSES):		INTRAOCULAR PRESSURE (IF MEASURED):	
RIGHT EYE:	LEFT EYE:	RIGHT EYE:	LEFT EYE:

PAST OCULAR HISTORY:

REASON FOR REFERRAL:

Thank you for the referral. If possible, please attach any past medical history and medications. Your office will be contacted when the referral is triaged, and then again when an appointment is made with the patient.