

**REFERRAL**

From: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_

106, 280 Midpark Way SE.  
 Calgary, AB T2X 1J6  
 P: 403- 254-2408  
 F: 403-254-5887  
 E: info@signatureeye.ca

Dr. B. Chow  
 Dr. Y. Fodil-Cherif  
 Dr. \_\_\_\_\_  
 Dr. \_\_\_\_\_

We will contact your patient directly to arrange appointment at our clinic.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone (Daytime): \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ AHC#: \_\_\_\_\_

**Patient History Section**

- Cataracts
- Diabetic Retinopathy
- Glaucoma
- Herpes Simplex Virus
- Iritis/ Uveitis
- Macular Degeneration
- Dry Eye

- Arthritis
- Asthma/ COPD
- Diabetes
- Heart Disease/ Stroke
- High Blood Pressure

Other: \_\_\_\_\_

- Impediments:
- Hearing
  - Mobility
  - Speech/ Language

Details: \_\_\_\_\_

Previous Ocular Surgery: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Examination Findings**
**OD**

ucva: \_\_\_\_\_ corrected va: \_\_\_\_\_

MR: \_\_\_\_\_ / \_\_\_\_\_ x \_\_\_\_\_ bcva: \_\_\_\_\_

keratometry: \_\_\_\_\_

IOP: \_\_\_\_\_ method: NC TP Goldman

ocular movement: \_\_\_\_\_

lids & lashes: \_\_\_\_\_

Cornea/Conj/Sclera \_\_\_\_\_

iris /pupil/AC: \_\_\_\_\_

lens: \_\_\_\_\_

Disc/retina: \_\_\_\_\_

**OS**

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