CHICAGOLAND
EYE CONSULTANTS

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Comprehensive Ophthalmology
Cataract Surgery
Corneal External Disease

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REFERRAL FORM

Patient Name _____

Telephone _____ Date of Birth _____

Referring Doctor _____

Telephone _____ Fax _____

MEDICAL CONDITION

- ❑ Blurry Vision | Failed Vision Test
- ❑ Vision Loss
- ❑ Dry Eye Evaluation & Treatment
- ❑ Cataract
- ❑ Laser Evaluation: YAG | SLT | PI
- ❑ Diabetic Retinopathy Evaluation
- ❑ Glaucoma
- ❑ Red Eye | Infection | Corneal Ulcer
- ❑ Trauma
- ❑ Corneal Disease | Pterygium
- ❑ Corneal Transplant
- ❑ Refractive Surgery
- ❑ Eye Lid | Lid Lesion | Stye
- ❑ Macular Degeneration Evaluation
- ❑ Macular Edema | Hemorrhage
- ❑ Retinal Tear | Detatchment | PVD
- ❑ Optic Neuropathy | Neuro | Multiple Sclerosis
- ❑ Double Vision
- ❑ Therapeutic Medication R/O Toxicity
- ❑ Amblyopia | Lazy Eye | Strabismus Evaluation
- ❑ Anterior | Posterior Uveitits
- ❑ Therapeutic Med Monitoring
- ❑ Other _____

*Cataract Post-Operative co-management YES | NO

*HISTORY:

SPECIAL TESTING

- ❑ **Humphrey Visual Field**
- ❑ **PHP**
  (Preferential Hyperacuity Perimetry)
- ❑ **OCT (Macula or Optic Nerve)**
  (Optical Coherence Tomography)
- ❑ **ERG**
  (Electroretinography)
- ❑ **VEP**
  (Visual Evoked Potential)
- ❑ **FANG**
  (Fluorescein Angiography)
- ❑ **DAF**
  (Dark Adaptive Function)
- ❑ **Fundus Photography**

DON'T FORGET

- ❑ Current Insurance Card & Co-payment
- ❑ Picture ID
- ❑ Medical History List
- ❑ Current Medications List
- ❑ Allergies List
- ❑ Primary Physician Contact Info
- ❑ Sunglasses