œilsanté md | œilsanté od
625 Président-Kennedy Ave.
Suite 1503-1, Montreal, QC H3A 1K2
Tel.: 514-461-5155

# CONSULTATION REQUEST

www.eyehealthmd.com

**REFERRING TO:** **Date:**

☐ Specify: Dr :

☐ **No Preference for Doctor** / Please assign according to availability

**PATIENT DETAILS:** Gender: ☐ M ☐ F **RAMQ #:**

First Name: Tel. #1:

Last Name: Tel. #2:

Address: Date of birth:

**CLINIC:**

☐ First Availability

☐ 8000 Decarie Blvd.
Suite 440
Montreal, Quebec
H4P 2S4
Tel.: 514-340-3937

☐ 625 Président-Kennedy Ave.
Suite 1503
Montreal, Quebec
H3A 1K2
Tel.:514-849-9215

☐ Mega Centre des Sources
2415A Transcanadienne Rd.
Pointe-Claire, Quebec
H9R 5Z5
Tel.: 514-340-3937

**Fax: 514-340-2729** **Email: cogestion@oeilsantemd.com**

**REFERRAL REASON:**

Please complete all relevant details and **email** or fax the form to the appropriate clinic. Emails are preferred.

☐ **General** ☐ **Cataract** ☐ **Retina** ☐ **Glaucoma** ☐ **Cornea** ☐ **Oculoplastics** ☐ **Pediatrics** ☐ **A-scan** ☐ **Dry Eyes** ☐ **Other**

☐ Loss of vision ☐ OD ☐ OS ☐ OU ☐ Gradual ☐ Sudden ☐ Transient ☐ Constant ☐ Curtain
How long and since when? ___ Days ___ Weeks ___ Months ___ Years

| | | |
|---|---|---|
| ☐ Pain | ☐ Diplopia | ☐ Itching and burning |
| ☐ Flashes of light | ☐ Photophobia | ☐ Redness |
| ☐ New floater(s) | ☐ Tearing | ☐ Swollen lids |
| ☐ Metamorphopsia / Distortion | ☐ Foreign body sensation | ☐ Discharge |

| **OD** | **Visual Acuity** 20/ | **IOP** | **OS** | **Visual Acuity** 20/ | **IOP** |
|---|---|---|---|---|---|

Clinical information:

Previous ocular surgery / disease:

**Clinic use only** ☐ Refused
Date of receipt:
Triage performed by:

**Please attach any relevant examination results to this consultation request.**

**REFERRED BY:**

Last Name (block letters): First Name (block letters):

**License #:** **Fax #:**

Signature: