



# REFERRAL FORM

Please FAX to (03) 9349 7499 or EMAIL scanned copy to [clinic@aco.org.au](mailto:clinic@aco.org.au)

<b>PATIENT INFORMATION</b>		<p>The following patients are prioritised under the Victorian Eyecare Scheme (VES):</p> <ul style="list-style-type: none"> <li>• Health Care Card or Pension Card holders</li> <li>• Aboriginal and Torres Strait Islander Peoples</li> <li>• Refugees/Asylum Seekers</li> </ul>
<p>Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____</p> <p>First Name: _____</p> <p>Surname: _____</p> <p>Date of Birth: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Medicare #: _____</p>		<p>(tick if applicable) <input type="checkbox"/> Health Care Card <input type="checkbox"/> Pension Card <input type="checkbox"/> DVA</p> <p>Concession #: _____ (if known)</p> <p>(tick if applicable) <input type="checkbox"/> Aboriginal/Torres Strait Islander</p> <p><input type="checkbox"/> Refugee/Asylum Seeker</p> <p>Requires language interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify language: _____</p>
<p><b>Clinic Location</b> (please tick) <input type="checkbox"/> Braybrook <input type="checkbox"/> Broadmeadows <input type="checkbox"/> Carlton <input type="checkbox"/> Dandenong</p> <p><input type="checkbox"/> East Reservoir <input type="checkbox"/> Frankston <input type="checkbox"/> VAHS</p>		
<p><b>Appointment Preference</b> (please tick) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri</p> <p><input type="checkbox"/> Sat (Carlton &amp; Broadmeadows only)</p> <p><input type="checkbox"/> AM or <input type="checkbox"/> PM</p>		
<p><b>Patient Clinical Details</b></p> <p>Reason for referral: _____</p> <p>Relevant medical history: _____</p>		
<p><b>Relevant Ocular History/Findings</b> (if known)</p>		
<p><b>Previous or current diagnosis</b></p> <p><input type="checkbox"/> Cataract</p> <p><input type="checkbox"/> Glaucoma</p> <p><input type="checkbox"/> Macular Degeneration</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Visual Acuity</b></p> <p>R 6/____ L 6/____</p> <p><b>Current Prescription</b></p> <p>R: _____</p> <p>L: _____</p> <p>Add: _____</p>	<p>Under current ophthalmic care:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who is the practitioner:</p> <p>_____</p>
<p><b>Referrer Details</b> (must be completed)</p>		
<p><b>Profession</b></p> <p><input type="checkbox"/> Ophthalmologist</p> <p><input type="checkbox"/> Optometrist</p> <p><input type="checkbox"/> GP</p> <p><input type="checkbox"/> Occupational Therapist</p> <p><input type="checkbox"/> Maternal &amp; Child Health Nurse</p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Practitioner</b></p> <p>Name: _____</p> <p>Practice/Department Name &amp; Address: _____</p> <p>Medicare Provider No.: _____ (if applicable)</p> <p>Signature: _____ Date: _____</p> <p><b>Request for Team Care Arrangement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, please send through applicable forms)</p>	

## CLINIC LOCATION DETAILS

<p><b>Carlton (Main Clinic)</b> 374 Cardigan Street Carlton 3053 Tel: 9349 7455 (appointments) Tel: 9349 7400 (general enquiries) Fax: 9349 7499</p>	
<p><b>Braybrook Clinic</b> cohealth Braybrook Community Hub 107-139 Churchill Avenue Braybrook 3019 Tel: 9448 6283</p>	<p><b>East Reservoir Clinic</b> Your Community Health 125 Blake Street Reservoir 3073 Tel: 8470 1199</p>
<p><b>Broadmeadows Clinic</b> Broadmeadows Health Service 35 Johnstone Street Broadmeadows 3047 Tel: 8345 5414</p>	<p><b>Frankston Clinic</b> Frankston Community Health 12 - 32 Hastings Road Frankston 3199 Tel: 9784 8342</p>
<p><b>Dandenong Clinic</b> 116 David St Dandenong 3175 Tel: 9771 1007</p>	<p><b>Victorian Aboriginal Health Service</b> 186 Nicholson Street Fitzroy 3065 Tel: 9419 3000</p>

**Email: [clinic@aco.org.au](mailto:clinic@aco.org.au)**  
**Website: [www.aco.org.au](http://www.aco.org.au)**