



GEM CLINIC*

Glaucoma & Eye Management Clinic

Dr. Jennifer W. Rahman*, Glaucoma Subspecialist

Dr. Sylvia Kogan*, Comprehensive Ophthalmologist

Dr. John van der Zweep*, Comprehensive Ophthalmologist

Dr. Alberto Aguayo*, Glaucoma Subspecialist

Dr. Tyler Buffie, Optometrist

*medical corporation

CONSULT REQUEST

Directions: Please complete this form and fax to (204)992-4006 along with any relevant test results and information. Once we receive your request we will mail a notice of appointment to your patient and fax a copy to your office. For urgent consults, please call in and fax request so that booking is made promptly. *Emergent consults that require attention within a few hours should be referred to the ON CALL ophthalmologist through Misericordia Hospital (204-774-6581).*

Date:			
Referring Doctor Name:			
Address:		Postal Code:	
Phone:		Fax:	

Patient Information:

Name:		DOB:	
Address:		Postal Code:	
Primary Phone:		Alternate Phone:	
MHSC (6 digit):		PHIN (9 digit):	

Priority: Urgent - requires phone call (days/weeks) Semi-Urgent (1-2 months) Routine (4-6 months)

Reason for Referral: clinical assessment/opinion Ongoing care Glaucoma Sx Cataract sx Combined sx

Diagnosis:

V A:	Right: 20/	Left: 20/	Pressures:		
Pachymetry:	Right:	Left:	Pre-treatment:	Right:	Left:
C/D Ratios:	Right:	Left:	Maximum:	Right:	Left:
Refraction:	Right:	Left:	Recent:	Right:	Left:

Method (for recent only pressure check): Applanation (preferred) NCT Tonopen iCare

Does patient have: Glaucoma Age-related Macular Degeneration Diabetic Retinopathy

Visual Field attached: Yes No Comments: _____

Family History of Glaucoma: Yes No If yes, which family member: _____

Symptoms/complaints: _____

Findings: _____

Medical Conditions: _____

LIST MEDICATIONS AND PROCEDURES ON THE **ATTACHED SHEET** (IF ANY)

Tuxedo Park Shopping Centre - Unit 221-2025 Corydon Avenue - Winnipeg, Manitoba R3P 0N5

Phone: (204)992-4000 - Fax: (204) 992-4006 - www.gemclinic.ca

PATIENT NAME: _____ MHSC#: _____

Allergies: _____

EYE DROPS:

Name	Frequency	Eye	Name	Frequency	Eye
<i>Eg: Xalatan</i>	<i>QD night</i>	<i>OU</i>	4.		
1.			5.		
2.			6.		
3.			7.		

MEDICATIONS:

Name	Dosage	Frequency	Name	Dosage	Frequency
<i>Eg: Metformin</i>	<i>500 mg</i>	<i>BID</i>	4.		
1.			5.		
2.			6.		
3.			7.		

LASERS:

Date	Procedure	Doctor	Date	Procedure	Doctor
<i>Eg: May 4, 2012</i>	<i>Left SLT</i>	<i>Dr. Smith</i>	4.		
1.			5.		
2.			6.		
3.			7.		

EYE SURGERIES:

Date	Procedure	Doctor	Date	Procedure	Doctor
<i>Eg: Dec 2, 2012</i>	<i>Left Cat extraction w/PCIOL SN60AT</i>	<i>Dr. Smith</i>	4.		
1.			5.		
2.			6.		
3.			7.		

OTHER SURGICAL PROCEDURES:

Date	Procedure	Doctor	Date	Procedure	Doctor
<i>Eg: Nov 6, 2012</i>	<i>CABG</i>	<i>Dr. White</i>	4.		
1.			5.		
2.			6.		
3.			7.		

INJECTIONS AND MINOR PROCEDURES:

Date	Procedure	Doctor	Date	Procedure	Doctor
<i>Eg: Jan 7, 2012</i>	<i>Right Avastin Injection</i>	<i>Dr. Grey</i>	3.		
1.			4.		
2.			5.		