



Telephone: 1-800-511-5661
Fax 1-613-417-3333
www.euclidtelehealth.org

REFERRAL FORM

At Euclid Telehealth, in collaboration with the Galen Eye Centre, we focus on Eye Disease Screening for the leading causes of Vision Loss and Blindness, such as: glaucoma, diabetic retinopathy, macular degeneration and others.

PATIENT INFORMATION

Last Name: First Name:

DOB (YYYY/MM/DD) Sex: F M Other

OHIP Number Version Code Expiration Date:

Patient Home Address:

Patient Contact Information:

Patient Alternate Contact Information:

Patient E-mail address:

Does the patient have special needs? Yes No

If yes, please specify:

- Oxygen Wheelchair Stretcher Transfer Service
Interpretation - Language Other:

REASON FOR REFERRAL

- Amblyopia Eye Disease Screening age 40 or older Diabetic Family history of eye disease
Patient experiencing any of the following: Blurred vision Gradual change in vision Increased difficulty driving at night

Additional Information:

[Empty box for additional information]

Please specify: Urgent Semi-Urgent Next available

Referring Physician/Nurse Practitioner Print Name Signature

OHIP Billing Number: Date: (YYYY/MM/DD)