

Referral Letter Template

College of Opticians of Alberta

This is a teaching tool to aid you in writing a Referral letter to a Colleague, Optometrist or Ophthalmologist.

Below you will see:

- Examples of Referral Letters
- Information required for the Doctor
- It is a step by step guide

As you can see if we put all of the information listed below it is quite a lengthy letter for the Doctor. We need to take into consideration the time required to read our letter, keep it simple and pertinent.

Step 1 – Knowledge that referral is necessary - when something is beyond our scope of expertise.

Step 2 - Address the Doctor with proper credentials MD., F.R.C.S. (C) or O.D., or if sending it to a fellow colleague RO, RCLP.

Step 3- Ensure that the patient knows that you are sending a letter of referral and to whom, and that you will doing a follow-up with the patient.

Step 4- Verify with the patient all information regarding phone numbers address, email etc.

Step 5– Address only information that would be required for the assessment for the Doctor.

Step 6 – Verify Address, email or fax number of the doctor or referral candidate.

Step 7 – Write letter promptly and keep it short and simple.

Step 8 – Send Letter, copy for patient file, copy to patient and copy to referral.

Step 9 - Remember to document to follow-up with referral colleague, O.D., M.D. and patient.

Step 10 – Follow-up care.

REFERRAL LETTER INFORMATION

Date

Ophthalmologists M.D., F.R.C.S. (C)

Optometrists O.D.

Patient Name

Presenting Complaint

Patient's perception of the problem for which they are being referred

Family History

I.E. Glaucoma, Diabetes, Cataracts

Medical History

Medications

Eye Drops

Optical History

Products patient is using I.E. contact lens brand/ type of spectacle lenses

Previous Spectacle Prescription

Recent Spectacle Prescription

Previous Visual Acuity Aided and Unaided

Visual Acuity Aided and Unaided

Diagnostics I.E. Current Refraction, Corneal Mapping, Visual Fields, Retinal Imaging

Detail of Observations and Treatments

Describe Condition

Perceived Problem

Reason for Referral

Previous Records

Notation of when to expect the Doctor's results

Optician/Contact Lens Practitioners Name (print)

License Number, Credentials I.E. RO, RCLP

Business Name

Address, Postal Code

Telephone Number

Fax Number

Email Address

Patient Name

Address, Postal Code

Phone Number

Email Address

Date of Birth

July 19, 2013

Dr. John Doe M.D., F.R.C.S. (C)
11111 – 111 Street
Anywhere, Alberta
TOT OTO

Dear Dr. Doe:

I would like to refer Mr. Scott Smith to you as he has been experiencing several visual acuity changes over the past month. During his appointment today he was commenting about experiencing severe pain in his eyes. Mr. Smith has been a patient of mine since 2005 and has never had such dramatic visual changes. Mr. Smith explained that he had no pain in his eye at his last appointment May 19, 2013 but that his vision has become clouded since that appointment. During the slit-lamp evaluation at our office today I noted that he has a clouded crystalline lens. When I took Mr. Smith's keratometer measurement the mires were very distorted. Mr. Smith noted to me that he has a family history of glaucoma grandfather, father.

Mr. Smith has noted he has Type 1 diabetes and is currently managing it by taking insulin. He uses tears II for hydration when his eyes are dry. He has had no prior infections or contact lens contraindications.

His current contact lens schedule is 4 days per week/ 5 hours per day, the product is Focus Dailies Contact Lenses which he changes daily.

Scott Smith Rx from Dr. Oh Ohh was:

July 19, 2011

OD: -2.75

OS: -2.75

Scott Smith's current Rx from Dr. So InSo is:

July 19, 2012

OD: - 3.00

OS: - 3.00

V/A Corrected Previous Appointment with Contact Lenses July 19, 2012 (OD: 20/20) (OS: 20/25) (OU: 20/20)

V/A Uncorrected July 19, 2012 (OD: 20/25) (OS: 20/30) (OU: 20/25)

V/A Corrected with Contact Lenses July 19, 2013 (OD: 20/40) (OS: 20/50) (OU: 20/40)

V/A Uncorrected July 19, 2013 (OD: 20/80) (OS: 20/100) (OU: 20/80)

I am enclosing his corneal mapping and retinal imaging.

I would like to note that Mr. Smith has had only moderate changes in his prescription since I have been fitting his contact lenses the past 9 years. I would also like to mention that he is very diligent about managing his diabetes.

I am concerned about his v/a changing so rapidly in the past month and that he expressed the severe eye pain. The contact lens appointment revealed a keratometer measurement with the distorted mires and the slit lamp evaluation revealed the clouded crystalline lens.

Dr. Doe these four areas of concern are the reason for the referral of which I require your level of expertise.

I would like to thank you for your help with Mr. Smith and I would like to know the results from Mr. Smith's appointment to keep my records complete and up to date.

Dr. Doe if you require any further information please contact me via phone or email.

Belinda M Swann

Belinda Swann License #979 RO, RCLP
College of Opticians Optical 101
201 2528 Ellwood Drive S.W.
Edmonton, Alberta
T6X 0A9
Phone # 780-429-2694 Fax # 780-426-5576
Email Address bswann@opticians.ab.ca

Patient Contact Information:

Mr. Scott Smith
22222 – 222 Street
Anywhere, Alberta
T0T 0T0
780-000-0000
Email address ssmith@shaw.ca
Date of Birth 00-00-1900

I have informed Mr. Smith that you will be calling him to set up an appointment time.

July 19, 2013

Dr. John Doe M.D., F.R.C.S. (C)
11111 – 111 Street
Anywhere, Alberta
T0T 0T0

Re: Mr. Scott Smith
D.O.B. Day – Month – Year

Dear Dr. Doe:

I am referring Mr. Smith to you for assessment of cataracts. I have seen Mr. Smith on July 19, 2013 for a multifocal contact lens fitting. His original eye examination was performed by Dr. XYZ. With contacts the best corrected vision 20/25 O.D. and 20/25 O.S. respectively. Even though his v/a's are relatively good he is noticing a subjective difference in his vision most significantly with his night vision. I would be grateful if you could help this pleasant gentlemen.

Kindest Regards,

Belinda M Swann

Belinda Swann License #979 RO, RCLP
College of Opticians Optical 101
201 2528 Ellwood Drive S.W.
Edmonton, Alberta
T6X 0A9
Phone # 780-429-2694 Fax # 780-426-5576
Email Address bswann@opticians.ab.ca

July 19, 2013

Dr. John Doe M.D., F.R.C.S. (C)
11111 – 111 Street
Anywhere, Alberta
T0T 0T0

Dear Dr. Doe:

I am referring Mr. Scott Smith to you for assessment of a possible cataract O.D. and an elevated I.O.P. reading O.S.

I saw him on February 2, 2013 at that time his subjective refraction was:

O.D. +0.50 -0.25 x 027 = 20/20

O.S. -0.25 -0.25 x 175 = 20/25

I noted a possible cataract O.D. and found I.O.P. readings of 17mm/Hg. O.S. With a history of his mother suffering from glaucoma I thought it best to refer to you. If possible he would like an afternoon appointment and his phone number is: 000-000-0000. Thanks very much in advance for your help with this pleasant gentleman.

Regards,



Belinda Swann License #979 RO, RCLP
College of Opticians Optical 101
201 2528 Ellwood Drive S.W.
Edmonton, Alberta
T6X 0A9
Phone # 780-429-2694 Fax # 780-426-5576
Email Address bswann@opticians.ab.ca

Dr. John Doe M.D., F.R.C.S. (C)
Division Director
Pediatric Ophthalmology & Strabismus
Alberta Children's Hospital
Fax: 000-000-0000

Dear Dr. Doe,

I performed a vision test using the eye logic refraction system, on a previous patient of yours, Mr. Scott Smith (D.O.B. July 31, 1994) on June 3, 2008.

My finding were as follows: Verified by Dr. XYZ

O.D. -4.50 -1.75 x 068 = 20/100

O.S. -3.50 -0.50 x 085 = 20/40

We made up a new set of lenses in that Rx and he seemed to notice a slight improvement over his old lenses. But his mother Jackie mentioned to me that it has been quite some time since he was last examined by you, and that you had done some surgery on him that had improved his vision quite substantially. As he is getting to the age where he is expressing an interest in driving he was hoping to be assessed by you again to see if there is a possibility of further improvement to his vision.

It is my hope that we can make an appointment for an assessment on this nice young man.

Regards,



Belinda Swann License #979 RO, RCLP
College of Opticians Optical 101
201 2528 Ellwood Drive S.W.
Edmonton, Alberta
T6X 0A9
Phone # 780-429-2694 Fax # 780-426-5576
Email Address bswann@opticians.ab.ca

Dr. John Doe M.D., F.R.C.S. (C)
11111 – 111 Street
Anywhere, Alberta
T0T 0T0

Dear Dr. Doe,

Re: Mr. Scott Smith
000-000-0000

I would appreciate if you could arrange to examine this gentleman for a recurrent erosion O.S.

Mr. Smith has been wearing rigid gas permeable contact lenses from 1974 to 1981 then was refit with soft contact lenses. He is currently Soflens multifocal disposable contact lenses. Mr. Smith successfully wears his contact lenses but every summer beginning about mid-June he experiences recurrent erosion O.S. The erosion seems to take a dendritic form. He has seen numerous optometrists for assessment and treatment but to date has not been able to have the problem resolved. Each fall when he returns to teaching the erosion seems to resolve and he is able to again wear his contact lenses comfortably without problems.

I will continue to monitor Mr. Smith and thank you for seeing him.

Sincerely,

Belinda M Swann

Belinda Swann License #979 RO, RCLP
College of Opticians Optical 101
201 2528 Ellwood Drive S.W.
Edmonton, Alberta
T6X 0A9
Phone # 780-429-2694 Fax # 780-426-5576
Email Address bswann@opticians.ab.ca

Dr. John Doe M.D., F.R.C.S. (C)

Via Facsimile to: 000-000-0000

Dear Dr. John Doe,

Thank you for agreeing to see Mr. Scott Smith on Tuesday October 12, 2012. This lovely gentleman has been a long time patient of mine for contact lenses and eyeglasses. His current ophthalmic prescription is:

O.D. -13.75 – 1.00 x 180

O.S. -12.75 – 1.50 x 150

Recently he has begun having difficulties with momentary diplopia when shifting his focus from distance to near or vice versa. The condition appears more pronounced with his contact lenses. During my last assessment I determined that he did not experience the double vision when I held a 1.5D Base in prism over the left eye.

Would you kindly assess Mr. Scott Smith.

Sincerely yours,



Belinda Swann License #979 RO, RCLP
College of Opticians Optical 101
201 2528 Ellwood Drive S.W.
Edmonton, Alberta
T6X 0A9
Phone # 780-429-2694 Fax # 780-426-5576
Email Address bswann@opticians.ab.ca

