



**NICU Ophthalmology Referral**

<b>SURNAME:</b> _____	<b>NHI:</b> _____
<b>FIRST NAMES:</b> _____	
<b>DATE OF BIRTH:</b> ____/____/____	<b>SEX:</b> _____
<small>Please attach patient label here</small>	

**Date of referral:** \_\_\_\_\_

**Date of eye review:** \_\_\_\_\_

**Date for eye laser:** \_\_\_\_\_

**Date of last ophthalmology review:** \_\_\_\_\_

**Medical Summary/ Problems**

*(Note respiratory status, O<sub>2</sub> dependency etc. Note drugs, allergies)*

Large empty box for medical summary.

**Parent's name/contact details:** \_\_\_\_\_

**Referring Neonatologist name/contact details:** \_\_\_\_\_

**Referring Hospital Charge Nurse name:** \_\_\_\_\_

