

Referral form
Dr. Deepak Khosla
Fax to 403-441-7016

Patient Information

Name:
Email:

AHC:
Phone Number:

Referring Provider Information

Name:
Email:
Fax number:

PRAC ID:
Phone number:

Reason for Referral (select all that apply)

- | | | |
|---|---|---|
| <input type="radio"/> General Review | <input type="radio"/> Medical Condition | <input type="radio"/> Eye Lid lesions |
| <input type="radio"/> Glaucoma Assessment | <input type="radio"/> Dry Eye Management | <input type="radio"/> Low Vision Rehabilitation |
| <input type="radio"/> Diabetic Checkup | <input type="radio"/> Laser Treatment | <input type="radio"/> Ocular Aesthetics |
| <input type="radio"/> Paediatric Review | <input type="radio"/> Electro diagnostics | |

Symptoms (select all that apply)

- | | | |
|--|--|---|
| <input type="radio"/> Pain | <input type="radio"/> Discharge | <input type="radio"/> Burning Sensation |
| <input type="radio"/> Tearing | <input type="radio"/> Floaters | <input type="radio"/> Flashes of Light |
| <input type="radio"/> Red Eye | <input type="radio"/> Foreign Body Sensation | <input type="radio"/> Double vision |
| <input type="radio"/> Ocular Deviation | <input type="radio"/> Itchy/Dry Eyes | <input type="radio"/> Migraine |
| <input type="radio"/> Decreased Vision | <input type="radio"/> Eyelid swelling | |

Medical Conditions (select all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> Herpes Simplex | <input type="radio"/> Rheumatoid Arthritis | <input type="radio"/> Endocarditis |
| <input type="radio"/> Herpes Zoster | <input type="radio"/> Sarcoidosis | <input type="radio"/> Diabetes Mellitus |
| <input type="radio"/> Atopic Dermatitis | <input type="radio"/> Sjogrens Syndrome | <input type="radio"/> Thyroid Disease |
| <input type="radio"/> Atopic Eczema | <input type="radio"/> Hypertension | <input type="radio"/> Crohn's Disease |
| <input type="radio"/> Ankylosing Spondylitis | <input type="radio"/> Occlusive Vascular Disease | <input type="radio"/> Vitamin A Deficiency |
| <input type="radio"/> Systemic Lupus Erythematosus | <input type="radio"/> Arterial Spasm (TIA) | <input type="radio"/> Myasthenia Gravis |
| <input type="radio"/> Neurofibromatosis | <input type="radio"/> Sickle cell disease | <input type="radio"/> Marfan's Syndrome |

Drug Toxicity (select all that apply)

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="radio"/> Plaquenil | <input type="radio"/> Imitrex | <input type="radio"/> Anti-coagulants |
| <input type="radio"/> Flomax | <input type="radio"/> Digoxin | <input type="radio"/> Allopurinol |
| <input type="radio"/> Synthroid | <input type="radio"/> Ethambutol | |
| <input type="radio"/> Corticosteroids | <input type="radio"/> Phenothiazine | |
| <input type="radio"/> Amiodarone | <input type="radio"/> Acne Medication | |