

Your physician is suggesting you make an appointment for an eye health examination. If you do not have a family optometrist, go to www.optometrists.ab.ca and click on "Find an Optometrist."

Eye Health Referral Form

Patient Information

Referral Date	d d / m m / y e a r
Name	L a s t / f i r s t / m i d d l e i n i t i a l
Alberta Health Care Number	
Date of Birth	d d / m m / y e a r
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____

Referring Physician

Physician Name	L a s t / f i r s t
Practice ID Number	
Phone	
Fax	
Email	

Reason for Referral _____

Referred to: _____

Optometrist Information

Date Patient Seen	d d / m m / y e a r
Examining Optometrist	
Practice ID	
Phone	
Fax	
Email	

Relevant Remarks/Findings: _____

Suggested/Scheduled Follow Up: _____

Optometrist signature: _____