THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Department of Ophthalmology
& Visual Sciences

Advanced Specialty Contact Lens Clinic
New Patient Referral Form

Date:

Patient Information

First name:

Last name:

MI:

Date of birth:

Street

City

State

Zip

Phone Number

Email Address

Referring Clinician:

First name:

Last name:

Practice Location:

Street

City

State

Zip

Office Phone

Office Fax

Provider EHR Direct Message Address

Preferred Location:

- **Eye & Ear Institute (Main Office)**
  915 Olentangy River Rd., 5th Floor
  Columbus, OH 43212
- **Outpatient Care Dublin**
  6700 University Boulevard
  2nd Floor, Suite 2B
  Dublin, OH 43016
- **Outpatient Care New Albany**
  6100 North Hamilton Rd.
  2nd Floor, Suite 2B
  Westerville, OH 43081

Please fax your recent clinical office notes and insurance information to Medical Records at 614-293-5315

eyemedrecs@osumc.edu
eye.osu.edu

Review of Symptoms (Check all that apply.)

Ocular Surface Disease

Stem Cell Deficiencies: Chemical Burn Stevens Johnson Syndrom/TENS

Symblepharon within 3mm of limbus: OD/Yes OD/No OS/Yes OS/No If yes, precludes fit.

Other:

K Sicca: Dry Eye Syndrome Primary Sjogren's Secondary Sjogren's Condition:

GVHD Post LASIK Other:

Neurotrophic keratopathy: Acoustic Neuroma HSV HZV Other:

Exposure: Anatomic Paralytic Etiology

Distorted Corneas: Keratoconus Pellucid Terrien's Post-LASIK Corneal Scars

Post-PK Post-RK Salzmann's Other:

Indications: Poor Best Corrected Vision Foreign Body Sensation Eye Pain Photophobia

Gp Contact Lens Intolerance Gp Contact Lens Fit Failure Progressive Corneal Neovascularization

Lagophthalmos Acitve PED History of PED Superficial Punctuate Keratitis

Filamentary Keratitis Poor Blink Anesthetic cornea Corneal Scarring Trichiasis

Other:

Prev. Medical Interventions: Topical Lubricants Restasis Topical Steroids Serum Tears

Oral Antibiotics Lid Hygiene Soft Contact Lenses Gp Contact Lenses

Other:

Prev. Surgical Interventions: PK: OD Punctal Occlusion Tarsorrhaphy

PK: OS Gold Weights Amniotic Membrane

Other:

Important Considerations:

1. Dependent on medical equipment, O2 or personal assistant?: No Yes Describe:
2. Case worker of any kind involved with patient? No Yes Name/Phone
3. Mobility Issues?: No Yes Describe:
4. Patient Is: Hospital Inpatient In a Nursing Home In a Residential Facility Describe:

Additional Comments