QUT Health Clinics
ABN 83 791 724 622

Queensland University of Technology

44 Musk Ave
Kelvin Grove QLD 4059
Phone: 07 3138 9777 Fax: 07 3138 6812
www.healthclinics.qut.edu.au

QUT HEALTH CLINICS – REFERRAL FORM

Date | Referring Clinic/Practice

REFERRER DETAILS

Name	Electronic Signature
Address	Provider No.
Phone	Fax
Preferred report delivery: ☐ Fax ☐ Mail ☐ Email (password protected file)	

PATIENT CONTACT DETAILS

Title	Surname	Given Name
Address		
Phone (H)	(M)	(W)
Date of Birth	New patient to QUT Health Clinics ☐ Yes ☐ No	

REASON FOR REFERRAL

- Consultation (full) and MASS spectacles
- Therapeutic Clinic
  - Dry Eye Assessment
  - Glaucoma Assessment
  - Other
- Binocular Vision Assessment (Adult)
- Paediatric Clinic
  - Binocular Vision Assessment
  - Vision Information Processing
  - Vision Therapy
- Colour Vision Assessment
- Vision Rehabilitation Clinic (Low Vision)
- Contact Lens Clinic
- Perimetry
- Ocular Coherence Topography (OCT)
  - Disc & RNFL
  - Macula
  - Anterior Segment
- OPTOS Ultrawide Retinal imaging
- Standard Retinal imaging
- Pentacam Anterior Segment Analysis
- Medmont Corneal Topography
- Ocular Biometry
  - Pachymetry
  - IOL Master

RELEVANT CLINICAL INFORMATION

Refraction/vision: R _____ (6 /)

L _____ (6 /)

Other Findings:

Contact QHC Reception directly for current pricing and speciality services. Please note that the Myopia Control Clinic has a separate referral form.