

Vitreoretinal Surgery Referral Form

Fillable Word form for referral ophthalmologists

Referral date: []

Priority: ☐ Urgent ☐ Routine

Clickable checkboxes and type-in text fields are enabled in Microsoft Word. Use Word drawing tools if you wish to annotate the fundus map directly.

1. Referring ophthalmologist / patient information

Referring ophthalmologist: []

Clinic / hospital: []

Phone: []

Email: []

Client / owner: []

Patient name: []

Species / breed: []

Age / sex / weight: []

2. Clinical history, disease categories, and ocular status

☐ Affected eye: OD☐ Affected eye: OS☐ Bilateral / OU☐ Sudden vision loss☐ Progressive vision loss☐ Duration uncertain☐ Estimated duration []☐ Exudative / serous☐ Tractional☐ Rhegmatogenous☐ Combined tractional–rhegmatogenous☐ Mechanism uncertain☐ Giant retinal tear☐ Retinal dialysis☐ Multiple retinal tears☐ Vitreous degeneration / inherited vitreous abnormality☐ Retinal dysplasia☐ Cataract or lens-induced uveitis☐ Previous cataract / lens surgery☐ Lens luxation / instability☐ Trauma☐ Retinal cyst(s)☐ Collie eye anomaly☐ Systemic hypertension☐ Intraocular inflammation☐ Infectious disease☐ Immune-mediated disease☐ Neoplasia☐ Choroidal / vascular disease☐ Vitreous hemorrhage☐ Vitreous membranes / intraocular scarring☐ Retained lens material☐ Concurrent cataract☐ Diabetes mellitus☐ Cushing's disease / hyperadrenocorticism☐ Renal disease☐ Inflammatory bowel disease☐ Skin allergies / atopy☐ Other []☐ Glaucoma☐ Goniodysgenesis☐ Dry eye / keratoconjunctivitis sicca☐ Corneal scarring☐ Corneal ulcer☐ Other []

3. Pre-referral ophthalmic findings

☐ Present☐ Absent☐ Not assessed☐ Present☐ Absent☐ Not assessed☐ Present☐ Reduced☐ Absent☐ Performed☐ Not performed

IOP OD: [] mmHg OS: [] mmHg

☐ Recordable

☐ Flat

☐ Not performed

☐ None

☐ Mild

☐ Moderate

☐ Severe

☐ Normal

☐ Abnormal

☐ Not visible /
assessable

☐ Good

☐ Fair

☐ Poor

☐ Not assessable

☐ Preserved

☐ Reduced

☐ Nonperfused areas

☐ Attached areas visible

☐ Detachment confirmed

☐ Phakic

☐ Pseudophakic

☐ Other []

☐ Aphakic

☐ Cataract

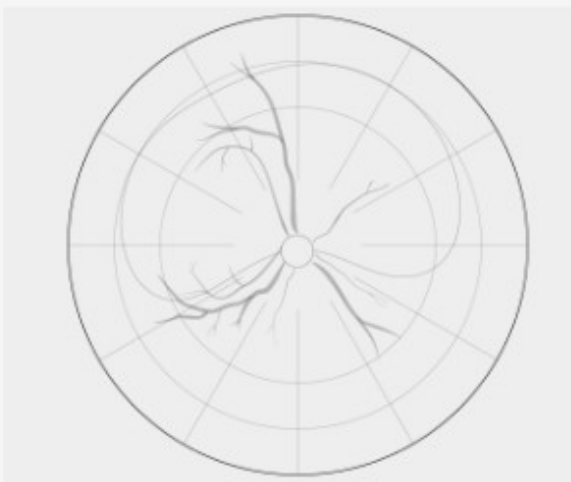
☐ Instability

☐ Other []

4. Retinal detachment map

Provided schematic used for OS: mirrored version used for OD.

OD — Right eye



OS — Left eye



Mirrored user-provided schematic for OD and original image for OS

OD estimated detachment: [] % Clock hours: []

OS estimated detachment: [] % Clock hours: []

OD tear / traction details: []

OS tear / traction details: []

Area centralis / posterior pole status if assessed: []

Other notable fundus findings: []

5. Additional retinal drawing / surgical comments

[]

[]

[]

[]

[]

[]

6. Prognostic findings / complexity factors

Favorable findings

Guarded factors

Poor-prognosis / major complexity factors

- | | | |
|--|--|--|
| ☐ Detectable menace response | ☐ Longer / uncertain duration | ☐ Uncontrolled glaucoma / severe buphthalmos |
| ☐ Detectable dazzle reflex | ☐ Poor or difficult-to-assess retinal architecture | ☐ Advanced optic-nerve atrophy / glaucomatous cupping |
| ☐ Recordable ERG | ☐ Absent dazzle response | ☐ Severe diffuse retinal degeneration / nonperfusion |
| ☐ Relatively healthy retinal architecture | ☐ Flat ERG | ☐ Severe retinoschisis |
| ☐ Preserved retinal vasculature / perfusion | ☐ Previous intraocular surgery | ☐ Endophthalmitis / uncontrolled infection |
| ☐ Partial rather than extensively contracted detachment | ☐ Cataract, aphakia, or lens instability | ☐ Severe active intraocular inflammation |
| ☐ Surgically manageable tear / traction | ☐ Retained lens material | ☐ Extensive retinal fibrosis / tightly contracted retina |
| ☐ Controlled IOP | ☐ Mild / moderate intraocular inflammation | ☐ Multiple large radial tears difficult to stabilize |
| ☐ Minimal intraocular inflammation | ☐ Extensive vitreous membranes / proliferative change | ☐ Complete choroidal detachment |
| ☐ No advanced optic-nerve damage | ☐ Multiple retinal tears | ☐ Scleral rupture / necrosis |
| | ☐ Partial retinal nonperfusion | ☐ Extensive proliferative vitreoretinopathy (PVR) |
| | ☐ Microphthalmos / developmental abnormality | ☐ Blindness primarily from optic-nerve / central neurologic disease |
| | ☐ Previous retinal reattachment surgery | |

7. Potential postoperative complications to discuss / monitor

- | | |
|---|--|
| ☐ Anterior migration of silicone oil | ☐ Increased intraocular pressure / glaucoma |
| ☐ Cataract formation or progression | ☐ Corneal ulceration |
| ☐ Corneal endothelial degeneration / edema | ☐ Uveitis / fibrin formation |
| ☐ Retinal degeneration | ☐ Recurrent retinal detachment |
| ☐ Proliferative vitreoretinopathy | ☐ Intraocular hemorrhage |
| ☐ Infection | ☐ Lens instability |
| ☐ Need for additional surgery | ☐ Permanent reduction or loss of vision |

8. Surgical planning / referral request

Previous retinal surgery: ☐ No ☐ Yes — date / procedure: []

- ☐ Vitreoretinal consultation
☐ Surgery if indicated
☐ Second opinion

- ☐ Pars plana vitrectomy
☐ Laser retinopexy
☐ Silicone-oil tamponade

- ☐ None anticipated
☐ Phacoemulsification / lens removal may be required

Retained lens material: ☐ No ☐ Yes ☐ Unknown

Other surgical concern / request: []

9. Records / diagnostics accompanying referral

- | | |
|--|--|
| ☐ Ophthalmic examination / medical record | ☐ Fundus photographs / video |
| ☐ Ocular ultrasonography | ☐ Electroretinography |
| ☐ IOP measurements | ☐ Blood pressure |
| ☐ CBC / chemistry / systemic testing | ☐ Previous surgical report(s) |
| ☐ Medication list | ☐ Other [] |

10. Additional clinical notes

[]

[]

[]

[]

Best support for interactive fields is in Microsoft Word desktop. Some alternate viewers may display the form but not preserve all interactive controls.