

WHY REFER YOUR PATIENTS TO CFEH?

CFEH provides assessment only and management referral options (see over for more details). You will receive a detailed report including imaging results with **ophthalmology oversight** as required. Primary care of your patient is retained by you.

BENEFITS FOR PATIENTS



Minimal wait time for appointments



Strong affiliations to POWH/ Westmead eye clinics



+10 languages (onsite translators for others)



Detailed explanations for patients and referrers



Public transport access
Parramatta and UNSW



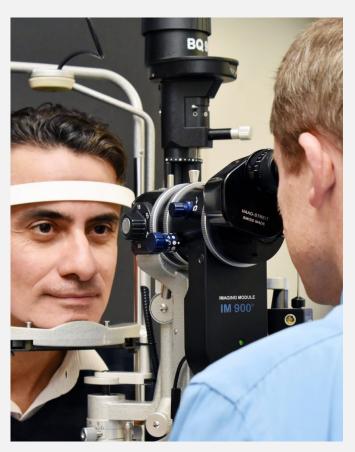
Bulk Billing
No charge to patients

WHO TO REFER

- Unsure of or confirmation of diagnosis/ management plan
- A preferential alternative to (non-urgent, non-surgical) public hospital referrals
- Comprehensive glaucoma diagnosis and management (ophthalmology input)
- Non-acute unexplained vision loss

WHEN TO REFER

- Your patient requires imaging not available
- You suspect a retinal dystrophy
- Patient experiencing financial hardship for ongoing (non-surgical) care
- Patients with BCVA<6/12 for Low Vision assessment (Parramatta)



IS YOUR PATIENT ELIGIBLE FOR REFERRAL TO CFEH?

CFEH is primarily funded through Guide Dogs NSW/ACT. To ensure longevity of CFEH and use of donated funds aligns with Guide Dogs mission, referrals are targeted at those deemed most vulnerable. A patient must meet at least one of the following criteria to be eligible:



HOLDS A CONCESSION CARD*



NO PRIVATE HEALTH INSURANCE



MORE THAN 60 YEARS OF AGE

If not eligible, consider the following: • Private ophthalmology • An optometry colleague with the appropriate experience/ equipment at their practice

The School of Optometry • Public hospital eye clinics

* QUALIFYING CARDS: Low Income Health Care, Commonwealth Seniors Health, Health Care, Pensioner Concession, Veteran Affairs Gold, Seniors, Seniors Savers, Disability support pension, JobSeeker.



HOW TO REFER TO CFEH?



SECURE WEBSITE

Go to centreforeyehealth.com.au/referral



FORM VIA FAX

Referral PDF form available at https:// www.centreforeyehealth.com.au/clinicalservices/referral-procedure/

Fax to **02 8115 0799**



OCULO PLATFORM

Search the **Oculo provider directory** for Centre of Eye Health

CFEH REFERRAL OPTIONS

| | ASSESSMENT* | MANAGEMENT* |
|--|--|--|
| Comprehensive assessment of the referred condition | \checkmark | √ |
| Report detailing findings and associated images | \checkmark | |
| Results of assessment discussed with the patient | × | \checkmark |
| Patient instruction to contact you for all other aspects of their eye care | \checkmark | |
| Outcome | Patient advised to contact you within two weeks to discuss results | Referred condition managed (ie treatment initiated, follow up booked, report to GP etc.) |
| Rully billed | | |

^{*}Bulk billed