Graves' Orbitopathy Oculoplastics
Referral Form

Patient Identification

Referring Doctor: _____Billing #:_____

Phone: _____ Fax: _____

Date of referral: _____

For emergency referrals (optic neuropathy, RAPD, decreased visual acuity, decreased colour vision, exposure keratopathy) - page Ophthalmology on-call at Sinai, Sunnybrook or St. Michael's (closest to where your patient is) and send the patient to ED.

Mount Sinai Hospital
☐ Dr. Nancy Tucker – Fax: 416-586-5915
☐Dr. Navdeep Nijhawan – Fax: 416-586-5915
☐Dr. Dan DeAngelis – Fax: 416-586-8789
☐Dr. Georges Nassrallah – Fax: 416-586-8789

Kensington Eye Institute:
Dr. Jonathan Micieli – Fax: 416-928-5075

Sunnybrook
☐ Dr. Edsel Ing– Fax: 1-844-222-4523
☐ Dr. Harmeet Gill – Fax: 647-797-0224

St. Michael's Hospital
☐ Dr. Georges Nassrallah – Fax: 416-867-3688
☐ Dr. Navdeep Nijhawan – Fax: 905-721-0273
☐ Dr. Jonathan Micieli - Fax: 416-867-3688

Referral Information (Required)

Description of eye findings:_____

_____

_____

Patient-reported vision loss: ☐ YES ☐ NO
New onset double vision (<3 months) ☐ YES ☐ NO

CAS Score:

Clinical Activity Score (CAS) One point is given for the presence of each of the parameters assessed. The sum of all points defines clinical activity: active ophthalmopathy if the score is ≥ 3/7 at the first examination.
(check all that apply)

☐ Spontaneous orbital pain
☐ Gaze evoked orbital pain
☐ Eyelid swelling that is considered to be due to active GO
☐ Eyelid erythema
☐ Conjunctival redness that is considered to be due to active GO
☐ Chemosis
☐ Inflammation of caruncle OR plica (inner corner of eye)

TOTAL: ___ / 7

TRAb level:_____ Most recent thyroid function tests: Date: ___TSH: fT4: fT3:

Current Thyroid Status: ☐ Euthyroid ☐ Hypothyroid ☐ Hyperthyroid

Current Smoking Status: ☐ Yes ☐ No ☐ Unknown

Current Hyperthyroidism Management: _____

CT-Orbit (if available): _____

Signature: _____ Date: _____

Please fax the completed form to the above fax number next to the requested provider.
For any follow up questions please contact eye.clinic@sinaihealth.ca