VANCE THOMPSON VISION

Interventional Glaucoma Referral Form

Patient Information

Name _____ Date of Birth _____

Address _____

Cell Phone _____ Email _____

Location:

- ☐ Alexandria, MN
- ☐ Billings, MT
- ☐ Bozeman, MT
- ☐ Cedar Rapids, IA
- ☐ Northern Colorado
- ☐ Omaha, NE
- ☐ South Sioux City, NE
- ☐ Sioux Falls, SD
- ☐ West Fargo, ND

Reason for IG Consult:

- ☐ Improve IOP control
- ☐ Reduce medications
- ☐ Improve adherence
- ☐ Glaucoma progression noted

Lens Status:

- ☐ Phakic - no visual symptoms
- ☐ Cataract - significant
- ☐ Pseudophakic

Prior Intervention:

- ☐ SLT - Date(s):
- ☐ MIGS - Date(s):
- ☐ Drug implants - Date(s):

EXAM	OD	OS
BCVA	20/	20/
RECENT IOP RANGE	mm Hg	mm Hg
IOP MAX	mm Hg	mm Hg
OTHER PERTINENT EXAM FINDINGS		
LAST DFE OR FUNDUS PHOTO (DATE)		

****Please send/attach a recent visual field and clinic note**

CURRENT EYE MEDICATIONS	ADHERENCE (Check One)		
	POOR	MODERATE	EXCELLENT

MEDICATIONS ATTEMPTED IN THE PAST	REACTIONS OR SIDE EFFECTS

IG Options Discussed with the Patient:

- ☐ SLT
- ☐ Drug Implant
- ☐ Cataract + MIGS
- ☐ Standalone MIGS
- ☐ Filtering Surgery (XEN, trabeculectomy, tube)
- ☐ None—defer to surgical consult

Appointment:

- ☐ This patient is already scheduled to be seen at Vance Thompson Vision on: (date) _____
- ☐ Please call this patient to schedule their appointment.
- ☐ This patient is interested in **same day treatment** or **See & Do** if eligible.

Referring Doctor

Name _____ Referral Date _____

Addresss _____ Phone _____ Fax _____