ANIMAL EYE CONSULTANTS OF IOWA

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/anterior uveitis

☐ 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/pancreatitis

☐ Skin allergies / atopy

☐ Other [ ]

☐ Glaucoma

☐ Goniodysgenesis

☐ Dry eye / keratoconjunctivitis sicca

☐ Corneal scarring/pigment

☐ Other [ ]

☐ Corneal ulcer

3. Pre-referral ophthalmic findings

IOP OD: [ ] mmHg OS: [ ] mmHg

STT OD: [ ] mm/min OS: [ ] mm/min

VISION OD

☐ Present ☐ Absent ☐ Not assessed

VISION OS

☐ Present ☐ Absent ☐ Not assessed

DAZZLE RESPONSE AFFECTED EYE

☐ Present ☐ Reduced ☐ Absent

ELECTRORETINOGRAM

☐ Recordable ☐ Flat ☐ Not performed

VITREAL DEGENERATIVE CHANGES

☐ None ☐ Mild ☐ Moderate ☐ Severe

PUPIL LIGHT REFLEX

☐ Normal ☐ Abnormal ☐ Not visible / assessable

RETINAL VASCULATURE APPEARANCE IN DETACHED RETINA

☐ Good ☐ Fair ☐ Poor ☐ Not assessable

LENS STATUS

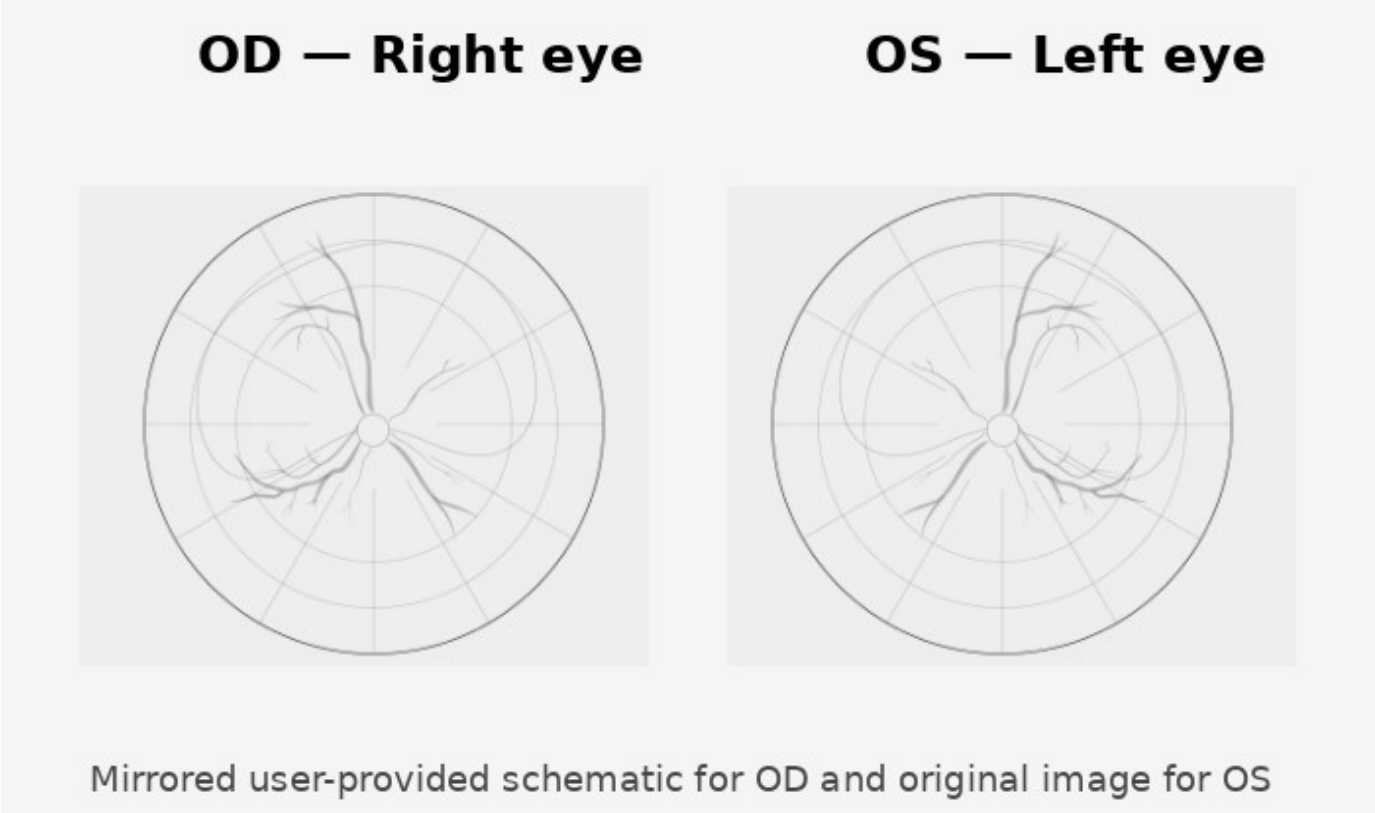
☐ Phakic ☐ Pseudophakic

☐ Aphakic ☐ Cataract

☐ Instability ☐ Other [ ]

4. Retinal detachment map

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



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

OD tear / traction details: [ ]

Area centralis / posterior pole status if assessed: [ ]

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

OS tear / traction details: [ ]

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
☐ Cataract formation or progression
☐ Corneal endothelial degeneration / edema
☐ Retinal degeneration
☐ Proliferative vitreoretinopathy
☐ Infection
☐ Need for additional surgery
☐ Increased intraocular pressure / glaucoma
☐ Corneal ulceration
☐ Uveitis / fibrin formation
☐ Recurrent retinal detachment
☐ Intraocular hemorrhage
☐ Lens instability
☐ 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
☐ Gas tamponade
☐ 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
☐ Ocular ultrasonography
☐ IOP measurements
☐ CBC / chemistry / systemic testing
☐ Medication list
☐ Fundus photographs / video
☐ Electroretinography
☐ Blood pressure
☐ Previous surgical report(s)
☐ 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.