



Please complete all sections of this referral, once completed email to [tpa-tr.ophthalmology@nhs.net](about:blank). (The eye casualty triage nurse can be contacted on 01279 444455 ext. 3018 – **This number is not to be given to patients. )**The eye casualty service is provided 9am-5pm Mon- Fri. Emails to the mailbox will be picked up within working hours. Outside these hours emergencies will need to be referred to a tertiary centre.

**Eye Casualty E-referral**

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| **Date:** | **Patient name:** |
| **Referred by:**  **Telephone number:**  **Email:** | **DOB:**  **Mobile:**  **Work:**  **Home:** |
| **Past medical history (dates if known):** | |
| **Past ocular history please include previous eye surgeries and eye diseases (dates if known):** | |
| **Current treatment:** | |
| **Provisional diagnosis /impression: -** | |
| **Symptom duration**: | **Symptom onset**: Acute/ Chronic |

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| --- | --- | --- | --- |
| Diplopia  Please choose:  One eye  Both eyes  Image next to each other  Image on top of each other  Intermittent  Persistent  With distance  With reading  With headache  No headache | Changes of vision  Please choose:  Generalised  Central  Peripheral  Intermittent  Persistent  Progressive  Stable  With headache  No headache  Associated Pain  No pain | Pain  Please choose:  Responds to pain killers  No response to pain killers  Worse with eye movements  Same with eye movements  With headache  No headache  Mild  Moderate  Severe  Itchy  Gritty | Trauma  Please choose:  Chemical injury  High velocity metal injury  Grinding metal injury  Assault injury  Plant injury  Hammering metal injury  Fall |
| Flashing of light |
| Jaw claudication & or temporal tenderness |
| Swelling of eye lid  Please choose:  Upper lid  Lower lid  Upper and lower lids  Tender  Not tender | Discharge  Please choose:  Yellow  Green  Mucous | Ptosis  Please choose:  Progressive  Stable  Intermittent  Variable | Proptosis |
| Shadow in vision |
| Headache |
| Photophobia |
| Floaters |
| Redness |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Visual Acuity with glasses  Unaided  Pinhole | R: | L: | Pupil | R |  | | | Examination findings | |

Please include attachment from optometrist or GP