

**Please tick box if to GP for info only**

**Ophthalmology Referral Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for referral:-** | **Cataract** | **Glaucoma** | **Macula** | **Other *(please state):***  **Examine for reassurance CVI**  (tick box if 2nd opinion required) |
| **Anterior** | **Vitro ret.** | **Paediatric** |

|  |  |
| --- | --- |
| **Patient details** | |
| Surname |  |
| First name |  |
| Date of birth |  |
| Telephone number |  |
| Mobile number |  |
| Address |  |
| Postcode |  |
| Doctor |  |
| GP Surgery |  |
| GP address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority:** | **Emergency**  *(Appt made via phone call to HES)* | **Urgent – within 2 weeks** | **Routine – within 18 weeks** | **Indirect via GP** |

|  |  |
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| **Referring clinician’s details** | |
| Date |  |
| Name |  |
| GOC number |  |
| Practice |  |
| Address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tonometry** | | | | |
|  | Reading 1 | | Reading 2 | |
|  | RE | LE | RE | LE |
| IOP Av. |  |  |  |  |
| Date |  | |  | |
| Time |  | |  | |
| Instrument |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Prescription details** Date of sight test: | | | | | | | | | | | **Patient preferences** |
|  | Vision | Sph | | Cyl | Axis | Dist VA | Add | Near VA | Prism | PH |
| RE |  |  | |  |  |  |  |  |  |  | Hospital: |
| LE |  |  | |  |  |  |  |  |  |  |
| **Other clinical details** | | | | | | | | | | |
|  | CD ratio | ONH | Other test results (*e.g. fields)* | | | | | | | | ESO: |
| RE |  |  |  | | | | | | | |
| **LE** |  |  |  | | | | | | | |

|  |  |
| --- | --- |
| **Observations, ocular history, medication taken etc**  **BE CLEAR IN HERE. NO WAFFLE. NO NICE PATIENT WAFFLE.**  **PX PRESENTED BECAUSE**  **YOU SAW SIGNS OF**  **THIS IS IMPORTANT BECAUSE LAST TIME WE SAW NO SIGNS/BETTER/WORSE**  **TENTATIVE DIAGNOSIS**  **SPOKEN TO ON CALL/GP/THE CLEANER WHO SAID THIS IS SPEED OF REFERRAL** | |
| The patient’s consent to information being exchanged has been obtained | Attachments enclosed |