General Ophthalmic Services – Referral / Notification of Patient

GP DETAILS:

Name:

Address:

OPTOMETRIST / OMP DETAILS:

Name:

Address:

Tel:

PATIENT DETAILS :

Surname: **Title:**

Forename(s):

DOB: **NHS No:**

Address:

Tel 1: **Tel 2:**

☐ Under 16

Suggested CHOOSE & BOOK CLINIC
(Denote with x if to be seen under NHS)
☐ Cataract
☐ Cornea
☐ Diabetic medical retina
☐ External eye disease

or PRIVATE REFERRAL ☐
☐ Glaucoma
☐ Laser (YAG capsulotomy)
☐ Low vision
☐ Neuro-ophthalmology
☐ Not otherwise specified
☐ Oculoplastics / Orbital / Lacrimal
☐ Oncology (established diagnosis)
☐ Orthoptics
☐ Other medical / retina
☐ Squint / Ocular motility
☐ Vitreoretinal

GP ACTION REQUIRED TO:
☐ Refer to Eye Unit– Urgent
☐ Refer to Eye Unit – Routine
☐ Refer to Orthoptic Department
☐ Refer for Low Vision Assessment
☐ GP to manage
☐ Other (see further information)

INFORMATION FOR GP
☐ Px sent to Eye Casualty
☐ Diabetic notification
☐ Glaucoma notification
☐ Optometrist to manage
☐ Other (see further information)

Eye Examination Date: ☐ Cycloplegic Refraction ☐ Dilated Fundus Examination

	SPH	CYL	AXIS	PRISM	VA	PH	ADD	PRISM	Near VA	PREVIOUS VA
R										Date: R:
L										L:

DISC APPEARANCES R C/D: L C/D:

IOPs /mmHg ☐ Non-Contact ☐ Contact R: L: Time:

VISUAL FIELDS R: L:

FURTHER INFORMATION (Optom/GP) Patient requested to see GP: Yes ☐ No ☐

Enclosed with referral: ☐ Patient records ☐ Visual Fields ☐ Photographs

Please can you copy the referring optometrist/OMP into any reply to the patient's GP. This is so that the referrer can learn from their referral and appropriately manage this patient in the future.

STATEMENT The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner, and optometrist or ophthalmic medical practitioner
(**delete any not consented to**)

If guardian's name and/or address different from the above please give it here:

Signed: (Optom/OMP) Referral Date: GOC/GMC No:

An electronic version of this form can be downloaded from- http://hampshireloc.org.uk/referral-guidelines/