

Direct Referral of Cataract in Dudley Version 2014.1
Information from GP

FAX or post this to the
 chosen provider

C2

Note to the provider: This is not a referral. This is additional information to a referral you have already received.

Patient choice of provider	Referral from: optometrist/OMP name and address	Information to family doctor (GMP): name and address
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Note to the GP

This form should be used to provide additional medical information where you have received notification of a direct cataract referral from an optometrist on a form C1. Would you please complete the information required below and send this form to the provider, together with any additional comments.

Medical Information Please amend / complete as appropriate and send to the provider named overleaf		
Patient's Medication (<i>complete or attach computer print out</i>): - Patient does/does not have difficulty lying flat (<i>Delete as necessary</i>)	Warfarin Diabetes Mellitus C.O.P.D. Hypertension Asthma Oral Steroids Allergies Infectious disease Tamulosin (Flomax)	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
Other medical comments relevant to referral:		

I can confirm the above details
Name in print please

GP Signature

Date