

Dudley GOS 18

Referral/ Notification (Delete as appropriate)

[] Please contact the patient if they do not contact you or do not attend

NHS Number:		CONSULTATION DATE (dd/mm/yyyy):													
Patient Details															
Title: Mr/Mrs/Miss/Ms/Other				DOB:				Address:							
Surname:				Tel (H):											
First Names:				Tel (M):											
				Other:				Post Code:							
GP Details						Optometrist Details									
Name			Address			Name:			Address						
E.Mail:			Tel:			E.Mail:			Tel:						
Latest Spectacle Prescription															
Rx	Vision	Sph	Cyl	Axis	VA	Dist. Prism	PH Acuity	Add	Nr. Prism	Near VA					
RE										@	cm				
LE										@	cm				
Mydriasis			Intraocular Pressure (IOP)												
[] Y		[] N		RE:	LE:	Time:			Contact [] Non-Contact []						
V.Fields				RE:				Imaging				RE:			
Method:				LE:				Method:				LE:			
Salient Symptoms, Signs, History, Clinical Findings, Reason for Referral and Provisional Diagnosis															
<p style="text-align: right;"><u>Provisional Diagnosis :</u></p>															
<p>I agree that any practitioner to whom I am referred for medical consultation and or treatment may make any information relevant to my eye condition and its treatment available to my optometrist. Signed Date</p>															
<p>Referral [] HES [] Ocular Emergency - to Hospital A&E Eye Service [] Urgent - to HES within 1 week [] Soon - to HES within 4 weeks [] Routine - to HES within 12 weeks</p> <p>Suggested Clinic Type</p> <p>[] Cataract [] Low Vision [] Other Medical Retin [] Paed. General Opth [] Cornea & Ant. Seg. [] Macula [] Squint/Ocular Motili [] Paed. Orthoptics [] Diab. Medical Retina [] Oncology (Diagnosed) [] Vitreo-Retinal [] General Ophthalmology [] External Eye/Adnexa [] Oculoplastic/Orb./Lacr (Not otherwise specified) [] Glaucoma/OHT [] Orthoptics</p>															
<p>Referral [] GP [] For Review and management/refer as appropriate [] Notification Only</p>															
Optometrist Name:						Date :									
Signature						GOC No: 01-									

Please obtain consent from the patient if not already given, and provide feedback to the referring optometrist Referral

Letter : [] Patient Copy [] Posted to GP [] Handed to Px to take to GP/HES [] Faxed to HES