Print (use CutePDF to save) Reset

NHS Bradford and Airedale

Ophthalmic Referral / Notification

Date Patient Seen

To Dr

Address

Patient Details

Name

Address

Tel

DOB

NHS No

Nature of Referral (please tick)

- ☐ Glaucoma Suspect / Ocular hypertension
- ☐ Lens Opacities / Post. Capsule Opacification
- ☐ ARMD / Macular Pathology
- ☐ Corneal lesion
- ☐ Dry Eyes / Epiphora
- ☐ Unexplained Headaches
- ☐ Unexplained decrease in VA
- ☐ Diabetic Retinopathy
- ☐ Binocular Anomaly / Child Amblyopia
- ☐ Other:

Action Required (please tick)

- ☐ Refer to Eye Dept - Routine
- ☐ Refer to Eye Dept - Early
- ☐ Refer to Eye Dept - Orthoptic / LVA Clinic
- ☐ Refer to
- ☐ GP to manage / Advise further
- ☐ Optometrist to Monitor: Review /12
- ☐ Px Sent to Eye Dept - Urgent / Same Day

Optometrist Address

	V	Sph	Cyl	Axis	Prism	VA	Add	NVA	Previous VA + Date	
R										
L										

Discs R L

IOP R L Time

Fields R L

Plot Enclosed ☐ Yes ☐ No

Further Information

Has patient been told to make appointment with GP? ☐ Yes ☐ No

Have glasses been dispensed? ☐ Yes ☐ No

Optometrist Name **Signature**

This copy for GP / Optometrist / Hospital / Patient