**Please email to fhft.ophthalmology.referrals@nhs.net (secure only from an NHS.net account)**

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| **Left Eye** |  | **Right Eye** |  | **Bilateral** |  |

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| **Patient’s Details** | |  | **Optometrist / Practice** | |
| **First Name** |  |  | Optometrist |  |
| **Surname** |  |  | Practice |  |
| **DOB** |  |  |
| **NHS Number** |  |  | Phone |  |
| **Address** |  |  | **Patient’s GP** | |
| **Phone** |  |  | GP Name |  |
| **Mobile** |  |  | Practice |  |
| **Email** |  |  | Code |  |

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| Current Refraction |  | **Sph** | **Cyl** | **Axle** | **Prism** | **Base** | **VA** | **Add** | **N VA** | **CD Ratio** | **IOP** | **IOP Method** | **Date** |
| R |  |  |  |  |  |  |  |  |  |  |  |  |
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| Previous Refraction |  | **Sph** | **Cyl** | **Axle** | **Prism** | **Base** | **VA** | **Add** | **N VA** | **Date** |  | **Van Herrick Grade** | |
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| **What visual impairment is being experienced?** | **Yes** | **No** |  | **Medical History** | **Yes** | **No** |
| **Distance Vision** |  |  |  | **Diabetes** |  |  |
| **Near Vision** |  |  |  | **Hypertension** |  |  |
| **Glare** |  |  |  | **Previous stroke or heart attack** |  |  |
| **Driving** |  |  |  | **Short of breath** |  |  |
| **Monocular Diplopia** |  |  |  | **Mobility Issues** |  |  |
| **Asymmetric Refraction** |  |  |  | **Anticoagulants/antiplatelets** |  |  |
|  | **Yes** | **No** |  | **Insulin** |  |  |
| **Does the patient’s vision adversely affect their lifestyle?** |  |  |  | **Alpha-blocker** |  |  |
| **Have you discussed the risks and benefits of surgery?** |  |  |  | **Previous refractive surgery** |  |  |
| **Does the patient wish to consider having cataract surgery?** |  |  |  | **Any other details:** |  |  |
| **The patient has been given an information leaflet on cataracts and referral to an eye clinic** |  |  |  |  |  |  |

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| --- |
| **Patient requires interpreter: Yes / No Language:**  **Signature: Print Name: Date:** |