

**Acute Ophthalmic Referral**

DATE

TIME

NAME  
HOSPITAL NUMBER  
D.O.B  
ADDRESS

REFERRER  
[ ]  
GP PRACTICE  
[ ]  
NHS NUMBER  
[ ]

POSTCODE

TEL-: LANDLINE

MOBILE

GP	SELF	OPTICIAN	A & E	UCC	INTERNAL	GP	A & E
TEL	EMAIL	FAX	VERBAL			MACC	MACC

PRESENTING PROBLEM

Days Weeks Months AGE  
[ ] [ ] [ ] [ ]

CURRENT MEDICATION

VISUAL ACUITY RIGHT [ ]

LEFT [ ]

RED FLAG SIGNS

FLASHES	YES	NO	FLASHES / FLOATERS. HIGH
FLOATERS	YES	NO	MYOPE. PREV.RD OR TEAR.
CURTAIN EFFECT	YES	NO	ONLY GOOD EYE
LOSS OF VISION / SUDDEN	YES	NO	SUDDEN LOSS OF VISION
DOUBLE VISION / SUDDEN	YES	NO	CONCERNS GCA ( WITH
ONLY GOOD EYE	YES	NO	VISUAL SYMTOMS )
CONTACT LENS WEARER	YES	NO	CORNEAL ULCER
RED EYE	YES	NO	SEVERE EYE PAIN
DISCHARGE / WATERING	YES	NO	UNCERTAIN CAUSE
PHOTOPHOBIA	YES	NO	( EXCLUDING ABRASIONS )
PAIN SCORE ( 1 TO 10 )	YES	NO	CONCERNS ORBITAL
FLUORESCEIN STAINING	YES	NO	CELLULITIS
LID SWELLING	YES	NO	SWELLING/BRUISING
INTRAOCULAR SURGERY / TREATMENT	YES	NO	SUCH THAT VISION
PREVIOUS EYE HISTORY	YES	NO	CANNOT BE CHECKED.
DIABETIC	YES	NO	LOSS OF VISION /PAINFUL
NAUSEA / VOMITING	YES	NO	EYE AFTER SURGERY

Advise DOA ? [ ]

APPOINTMENT. DATE

TIME

ADVISE ONLY [ ]

TRIAGE [ ]

CLERK [ ]

COMMENTS/ADVISE

CHEMICAL INJURY  
PH LEVEL [ ]  
RISK OF PENETRATING  
INJURY. [ ]  
HYPHEMA [ ]

PATIENT INFORMED [ ]

WARD INFORMED [ ]

MESSAGE LEFT [ ]

RECENT PERSISITANT COUGH [ ]  
RAISED TEMPERATURE [ ]

PLEASE NOTE -: THE TRIAGE SHEET MUST BE ACCOMPANIED WITH THE ACTUAL REFERRAL FOR THE ON CALL TO TRIAGE WHEN POSSIBLE.