**Coventry and Warwickshire Retinal Vascular Disease (RVD) Services – RVO Referral**

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| **PATIENT DETAILS** |
| Name: |  |
| DOB: |  |
| Hospital number (if known): |  |
| Address: |  |
| Contact number/s: |  |
| Email address: |  |

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| **GP DETAILS** |
| GP Name: |  |
| GP Surgery: |  |
| Has patient been instructed to attend GP due to RVO risk factors? (yes/no) |

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| **DIAGNOSIS/ SUSPECTED DIAGNOSIS** |
| High risk/only eye (yes/no) |

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| **SYMPTOMS (affected eyes/s)** | **Right eye** | **Left eye** |
| Central vision loss |  |  |
| Other relevant symptoms |  |  |
| Onset of central scotoma |  |  |
| Other relevant symptoms |  |  |

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| **PATIENT HISTORY** | **Details** |
| Smoker? | Yes/ No |  |
| Family history of AMD / Retinal Detachment / Glaucoma? | Yes/ No |  |
| Known RVO? | Yes/ No |  |
| Previous intra-vitreal treatment? | Yes/ No |  |
| Other relevant? | Yes/ No |  |

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| **EXAMINATION (affected eye/s)** | **Right eye** | **Left eye** |
| Distance VA |  |  |
| Near VA |  |  |
| CRVO/HRVO/BRVO |  |  |
| Ischaemic/non-ishcaemic |  |  |
| Evidence of neovascularisation |  |  |
| Evidence of NVG |  |  |
| Other relevant signs |  |  |
| Other investigations done |  |  |

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| **Referrer to complete:** |
| Signature |  |
| Print Name |  |

*Please ensure all fields are completed before sending referral form to service provider.*

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| NHS South Warwickshire Clinical Commissioning Group | Warwickshire North Clinical Commissioning Group | Coventry and Rugby Clinical Commissioning Group |

**Coventry and Warwickshire Retinal Vascular Disease (RVD) Services**

**Referral Options**

**South Warwickshire NHS Foundation Trust**

**Address:**

Lucentis Coordinator

Machin Eye Unit

South Warwickshire NHS Foundation Trust

Warwick Hospital

Lakin Road

Warwick

CV34 5BW

**Fax:** 01926 600020

**University Hospitals Coventry and Warwickshire NHS Trust**

**Address:**

AMD Coordinators

Macular Unit

Hospital of St Cross

Barby Road

Rugby

CV22 5PX

**Fax:** 01788 663391

**North Warwickshire Retinal Vascular Disease Service**

**Newmedica at George Eliot Hospital**

**Address:**

Newmedica RVD Coordinator

C/o Ophthalmology Office

Outpatients Department

George Eliot Hospital

College Street

Nuneaton

CV10 7DJ

**Fax:** 02477 572227

**Email:** corinne.dunne@nhs.net