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

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

|  |  |
| --- | --- |
| **GP DETAILS** | |
| GP Name: |  |
| GP Surgery: |  |
| Has GP been informed of referral? (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 |  |  |
| Duration of symptoms |  |  |
| Other relevant symptoms |  |  |

|  |  |  |
| --- | --- | --- |
| **PATIENT HISTORY** | | **Details** |
| Smoker? | Yes/ No |  |
| Family history of AMD / Retinal Detachment / Glaucoma? | Yes/ No |  |
| Past ophthalmic history? | Yes/ No |  |
| Known AMD |  |  |
| 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 |  |  |
| Macular findings |  |  |
| Amsler chart findings |  |  |
| Sub-retinal fluid |  |  |
| Retinal oedema |  |  |
| PED |  |  |
| Haemorrhage/exudate |  |  |
| Other relevant signs |  |  |

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| --- | --- | --- |
| **INVESTIGATIONS** | **Right eye** | **Left eye** |
| OCT |  |  |
| Photographs |  |  |
| FFA |  |  |
| IGCA |  |  |

|  |  |
| --- | --- |
| **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](http://www.southwarwickshireccg.nhs.uk/Home) | [Warwickshire North Clinical Commissioning Group](http://www.warwickshirenorthccg.nhs.uk/Home) | [Coventry and Rugby Clinical Commissioning Group](http://www.coventryrugbyccg.nhs.uk/Home) |

**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