**Ophthalmology Urgent Referral from Optometrist**

(Urgent Referral Clinic contact number for GPs 01384 456111 EXT 3633)

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| **Patient Details**  |
| **NHS Number:** | **To be seen on same day** **[ ]  or 2 working days** **[ ]**  |
| **Surname:**  | **Date of Birth:** **Age:**  |
| **First Names:** | **Country of Birth: [ ]**  |
| **Address:**  | **Home Telephone:** **Mobile Telephone**: **Work Telephone:**  |
| **GP Details** | **Optometrist Details** |
| **Referring GP Name:**  | **Optom Name:**  |
| **National Practice Code:**  | **Practice:** |
| **Address:**  | **Address** |
| **Telephone Number:**  | Phone: |
| **History** |
| **Brief history:**  |
| **Has the patient visited the eye clinic in the past?** Yes [ ]  No [ ]  |
| **Has the patient had previous eye surgery?** Yes [ ]  No [ ]  If Yes specify |
| **Ocular history:** Contact lens wearerCorneal ulcers | [ ] [ ]  | UveitisCataract | [ ] [ ]  | GlaucomaARMD | [ ] [ ]  | Episcleritis [ ]  |
| **Ocular comments:**       |
| **Ocular findings:** Lid swelling [ ]  Conjunctival redness [ ]  Foreign bodies [ ]  Proptosis [ ]  Fluorescein uptake [ ]  Red reflex [ ]  |
| **Ocular findings comments:**  |
| **Cornea status:** | Normal [ ]  | Abnormal [ ]  | Flourescein uptake overlying corneal abnormality [ ]  |
| **Pupil status:** | Normal [ ]  | Abnormal [ ]  | RAPD [ ]  Unequal sizes [ ]  |
| **Eye movement:** | Normal [ ]  | Abnormal [ ]  |  |
| **Symptoms** |
| **How quick were the onset of symptoms?** Sudden [ ]  Gradual [ ]  Incidental [ ]   |
| **Visual acuity:** Right eye       Left eye       |
| **Decrease in vision:** | Nil / RE / LE / Both | For how long | Worsening [ ]  |
| **Loss of vision:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Pain:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Redness:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Discharge:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Flashing lights:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Floaters:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Photophobia:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Double vision:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Lid swelling:** | Nil / RE / LE / Both | For how long  | Worsening [ ]  |
| **Other symptoms:**  |
| **Provisional diagnosis:**  |

**Ophthalmology Urgent Referral (REAR)**

To the GP Surgery - This is an Urgent Referral to Ophthalmology from an Optometrist.

Please enter the information on an Urgent ERS for Ophthalmology and transmit same day.

For the Optometrist:

Please consult the Urgency of Referral Guidelines by Condition and ensure as much information as possible is entered onto the urgent referral form to ensure appropriate management.

* Complete the Urgent Referral Form with the patient present and ensure all aspects of history and symptoms are recorded.
* Give the Urgent Referral Form to the patient and instruct the patient to take it immediately to their GP surgery and request the practice to transmit the form that day to the URC.

The ERS form is likely to be completed by a non-medical member of staff so it is essential that the Optometrist ensures any writing on the form is clearly legible.

* The URC will Triage and contact the patient in due course (usually that day) to arrange an appointment in a timescale recommended by the consultant based on the information provided on the form.

Advice to Patients
Optometrists must not cause undue concerns for patients by indicating a timescale for their appointment as this will be decided by the consultant based on the information on the referral.

Outcomes from the Referral will be sent to the GP and the patient, so if the Optometrist requires feedback ask the patient to share their letter.