Brighton and Sussex University Hospitals NHS Trust

WET AMD RAPID ACCESS REFERRAL FORM

If you have a secure nhs.net address, please refer directly to bsuh.sehmacularreferrals@nhs.net If you do not have a secure nhs.net account, please refer via the patients GP.

Has an OCT been completed? (if yes, please attach a copy with the referral) YES ☐ NO ☐

PATIENT DETAILS

NAME:

ADDRESS:

CONTACT (TEL):

DOB:

HOSPITAL NO:
(If known)

GP NAME:

GP PRACTICE:

OPTOMETRIST DETAILS

NAME:

GOC NO:

CONTACT (TEL):

PRACTICE:

ADDRESS:

E-MAIL (nhs.net preferred):

REFERRAL GUIDELINES

AFFECTED EYE: (please mark the correct box with an 'X')

	RIGHT: ☐	LEFT: ☐
PAST HISTORY IN EITHER EYE:	RIGHT: ☐	LEFT: ☐
PREVIOUS AMD	RIGHT: ☐	LEFT: ☐
MYOPIA	RIGHT: ☐	LEFT: ☐
OTHER (USE ADDITIONAL COMMENTS)		

PRESENTING SYMPTOMS IN AFFECTED EYE (*one answer must be yes, please mark the correct box with an 'X'*)

Duration of symptoms:

1. Visual Loss	YES ☐	NO ☐
2. Spontaneously reported distortion	YES ☐	NO ☐
3. Onset of scotoma (or blurred spot) in central vision	YES ☐	NO ☐

FINDINGS Best corrected VA (**must be between 6/12 and 6/96 in affected eye)**

1. Distance VA	RIGHT: ☐ / ☐	LEFT: ☐ / ☐
2. Near VA	RIGHT: ☐	LEFT: ☐
3. Macular drusen (either eye)	RIGHT: ☐	LEFT: ☐

In the affected eye, presence of: (one answer must be marked with an **'X'**)

4. Macular hemorrhage	RIGHT: ☐	LEFT: ☐
5. Retinal fluid (please comment if noted on OCT*)	RIGHT: ☐	LEFT: ☐
6. Exudate	RIGHT: ☐	LEFT: ☐

COMMENTS

ADDITIONAL COMMENTS:

*Please attach OCT image to the referral.