

Please complete all sections of this referral, once completed email to tpa-tr.ophthalmology@nhs.net. (The eye casualty triage nurse can be contacted on 01279 444455 ext. 3018 – **This number is not to be given to patients. )**The eye casualty service is provided 9am-5pm Mon- Fri. Emails to the mailbox will be picked up within working hours. Outside these hours emergencies will need to be referred to a tertiary centre.

**Eye Casualty E-referral**

|  |  |
| --- | --- |
| **Date:**  | **Patient name:**  |
| **Referred by:****Telephone number:****Email:** | **DOB:** **Mobile:** **Work:** **Home:**  |
| **Past medical history (dates if known):** |
| **Past ocular history please include previous eye surgeries and eye diseases (dates if known):** |
| **Current treatment:** |
| **Provisional diagnosis /impression: -** |
| **Symptom duration**:  | **Symptom onset**: Acute/ Chronic |

|  |  |  |  |
| --- | --- | --- | --- |
| Diplopia[ ] Please choose:One eye [ ] Both eyes [ ] Image next to each other [ ] Image on top of each other [ ] Intermittent [ ] Persistent [ ] With distance [ ] With reading [ ] With headache [ ] No headache [ ]  | Changes of vision [ ] Please choose:Generalised [ ] Central [ ] Peripheral [ ] Intermittent [ ] Persistent [ ] Progressive [ ]  Stable [ ] With headache [ ] No headache [ ] Associated Pain [ ] No pain [ ]   | Pain [ ] Please choose:Responds to pain killers [ ] No response to pain killers [ ] Worse with eye movements [ ] Same with eye movements [ ] With headache [ ] No headache [ ] Mild [ ] Moderate [ ] Severe [ ] Itchy [ ] Gritty [ ]  | Trauma [ ] Please choose:Chemical injury [ ] High velocity metal injury [ ] Grinding metal injury [ ] Assault injury [ ] Plant injury [ ] Hammering metal injury [ ]  Fall [ ]  |
| Flashing of light [ ]  |
| Jaw claudication & or temporal tenderness [ ]   |
| Swelling of eye lid [ ] Please choose:Upper lid [ ] Lower lid [ ] Upper and lower lids [ ] Tender [ ] Not tender [ ]  | Discharge [ ] Please choose:Yellow [ ] Green [ ] Mucous [ ]   | Ptosis [ ]  Please choose:Progressive [ ] Stable [ ] Intermittent [ ] Variable [ ]    | Proptosis [ ]  |
| Shadow in vision [ ]  |
| Headache [ ]  |
| Photophobia [ ]  |
| Floaters [ ]  |
| Redness [ ]  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visual Acuity with glasses [ ]  Unaided[ ]  Pinhole [ ]  | R:  | L:  | Pupil | R |  |

 |
| Examination findings  |

 |

Please include attachment from optometrist or GP