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| **UHL Virtual Medical Retina Question Pathway**  **Please send your completed form through your NHS.net account to** [medretuhl@uhl-tr.nhs.uk](mailto:medretuhl@uhl-tr.nhs.uk) **and we aim to reply with the most appropriate management decision within 72 hours** |

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| Patient Name |  | | Previous Ocular History and associated ocular findings including any previous BCVA |  |
| Date of Birth |  | |
| Gender |  | |
| BCVA | RE (PH) | LE (PH) |
| Symptoms? |  | | General Health |  |
| Onset? |  | |
| Changes since onset? |  | |
| Any other relevant information | | | | |
| **Question** |  | | | |

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| **Patient Summary** | **Fundus image** |
| **OCT Image(s)** | **OCT Image(s)** |
| **OCT Image(s)** | **OCT Image(s)** |