

Referral Form - Low Vision Optometrist Assessment in Lincolnshire (part of the GOS 18 service)

Please complete this form in full and offer the patient a choice of provider/location Please send this form by secure e mail (nhs.net) direct to the chosen provider

Patient Name:				D.	D.O.B.			
Address: Post Code:				G	GP Details:			
Telephone No.				NI	NHS No. (if known)			
Referral by:				Da	Date of Referral:			
Optician Details:				C	Consultant Details:			
Date of last eye examination:								
Please note that patients must have had an eye examination within the last six month to be referred into the low vision service.								
Current Spectacle Prescription (if known)								
Distance: VA				Near:		VA		
Right	light				Right			
Left				ŀ	Left			
Are the current spectacles made up to the most recent prescription? : Yes □ No □								
Existing	g Eye Condition vn)	Please tick			Relevant medical history / supporting information:			
Cataract								
Macular Degeneration		Wet □	Dry □					
Diabetic Retinopathy								
Glaucoma								
	- please detail							
Registr	ation Status	Please tick						
Sight Impaired								
	ly Sight							
Impaired Not Degistered								
Not Registered								
Unknown								

Information for referrers

A person is considered to have low vision if they have an impairment of their usual function that cannot be corrected through the use of spectacle, contact lenses, medical or surgical intervention, and which is adversely affecting their quality of life.

Referrals into the service can be made by:

- Optometrists
- GPs
- Ophthalmology Consultants
- National and Local Societies i.e. RNIB
- Eye Clinic Liaison Officer (ECLO)
- Lincolnshire County Council Sensory Service
- Orthoptists

Referrals will be made to the GOS 18 service for a full function visual assessment and patients are to be seen within 21 days of referral. Please ensure this referral form is fully completed as it may be rejected if it is not.

A functional vision assessment will be carried out to include the following:

- Distance Vision
- Intermediate vision and/or other relevant working distances if appropriate
- **Near Vision**
- Retinoscopy if appropriate
- Distance refraction or verification of Near/reading visual acuity distance prescription
- Distance visual acuity using LogMAR Establishing magnification chart
- Contrast sensitivity

- Colour vision if appropriate
- Central visual function if appropriate (Amsler)
- Assessment of glare function
- Near refraction or verification of near prescription

Exclusions

- Under 16 years of ages
- Conditions which require specialist treatment outside of the scope of the specification
- Where the patient requires emergency treatment
- Patients who are post-operative or have a post traumatic condition
- Where the patient does not want to be referred

Discharge

Patients will be discharged back to their own optometrist or Ophthalmic Medical Practitioner. Patients requiring a re-assessment following a change in their condition will be referred back to the service by their healthcare professional.