

## Wet AMD GP/Optomtrist Rapid Access Referral Form

ulh.ophthalmologysecretariesLincoln@nhs.net

**Patient name:**<<First Name>> <<Last Name>>      **Address:** <<Full Address>>  
**Date of Birth:**<<Short DOB>>  
**Contact Telephone:**<<Home Phone>>/<<Mobile Phone>>

**GP Name:**<<GP Name>><<Surgery Name>>      **Address:**<<GP Full Address>>  
**Telephone:** <<GP Phone>>  
**Fax:**<<GP Fax>>  
<<GP Email Address>>

**Optometrist Name:**      **Address:**<<Branch Full Address>>

**Email:**  
**Telephone:**

**DATE:** <<Short Date>>

**Criteria for rapid access referral** All must apply to at least one eye

Symptoms: **Spontaneously reported** central visual loss, blurring or distortion within last 3 months.

| Right                    | Left                     |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Visual Acuity (best corrected) between 6/12 and 6/96.

| <<Distance VA Right>>    | <<Distance VA Left>>     |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Signs of AMD (Drusen/Pigment changes).

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Signs of recent wet macular changes (blood, fluid, exudates).

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

No permanent structural damage to the central fovea.

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Patient has received, understood and accepted information sheet.

|                          |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

Other information:

**Previous VA on:** ...../...../.....

**Refraction**

**Right:**

<<Sph Right>> <<Cyl Right>>  
<<Axis Right>> <<Prism Right>>

**Left:**

<<Sph Left>> <<Cyl Left>> <<Axis Left>>  
<<Prism Left>>

Other ocular findings/history  
General Health including any  
recent myocardial infarct or stroke  
(within last 3 months)

Patients not fulfilling the above criteria may be referred through existing referral pathways-via GP or general Ophthalmology emergency clinics.