**EPSOM AND ST HELIER– URGENT CARE EYE CLINIC REFERRAL FORM**

**Date of referral:**

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| **Patient Details** | | **Referrer Details** | | | |
| **NHS/Hospital No:** Click or tap here to enter text.  **First Name:**Click or tap here to enter text.  **Surname:**Click or tap here to enter text.  **DOB:**Click or tap here to enter text.  **Address:**Patient ward location if in-patient  **Postcode:**Click or tap here to enter text.  **Contact No:**Please make sure this is correct  **Email:**Optional | | **Name:**Click or tap here to enter text.  **Role:**Please choose from below.  **Address:**Click or tap here to enter text.  **Postcode:**Click or tap here to enter text.  **Contact No:**Click or tap here to enter text.  **Email:**Click or tap here to enter text. | | | |
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| **Is the patient an:** | **Inpatient** | | | **Outpatient** | |
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| **Presenting Complaint:**  Click or tap here to enter text. | | | | | |
| **Duration of Symptoms:** | **24-48 hours** | | **1 Week** | | **2 Weeks** |
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| **Visual Acuity:**  Best corrected vision should be tested in ALL patients: [Download a Snellen Chart](https://www.tfpschemes.co.uk/wp-content/uploads/sites/22/2019/08/Snellen-Eyesight-Chart.pdf) | **Right Eye**  Please choose an option or state why visual acuity was not assessed. | | | **Left Eye**  Please choose an option or state why visual acuity was not assessed. | |
| **Clinical findings and other relevant history (Insert photos, visual fields, scans if necessary on page 2 ):**  Click or tap here to enter text. | | | | | |
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| * **Please ensure that all fields are completed, incomplete forms will be rejected** * **Email to: est-tr.acute-eye-referral@nhs.net** * **We will triage and contact the patient directly with an appointment/advise on alternative services/treatment** * Walk-in patients will be re-directed back to the referrer   **If same day review is required, please email the form and also telephone us on 02082963817 to confirm receipt.** | | | | | |
| **This clinic is for adults and children that you feel have an eye condition that requires review within 1 week**  **URGENT EYE CARE SERVICE IN PRIMARY CARE (CUES)REFERRAL GUIDE:**   * For patients with **non-urgent sight or life-threatening conditions who are registered with a GP in Sutton, Merton/Wandsworth, Richmond/Kingston, Surrey** , please refer to one of the high street opticians participating in the CUES/MECS (link below) * [**https://www.primaryeyecare.co.uk/find-a-practice/**](https://www.primaryeyecare.co.uk/find-a-practice/) * If you are unsure whether your patient fits the criteria please complete this form - it will be triaged according to clinical need and we can advise on further management   **Epsom and St Helier’s Acute Eye Service is based at St Helier Hospital and the opening hours are: Monday-Friday, 08:30-16:30** | | | | | |