**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. |
|  |
| **Is the patient an:** | [ ] **Inpatient** | [ ] **Outpatient** |
|  |
| **Presenting Complaint:**Click or tap here to enter text. |
| **Duration of Symptoms:** | [ ] **24-48 hours** | [ ] **1 Week** | [ ] **2 Weeks** |
|  |
| **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. |
|  |
| * **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** |