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| **RVI Wet AMD rapid access referral form** |
| **DATE and TIME OF EXAMINATION:**  Click or tap here to enter text.**Did Patient self-present with symptoms? Yes**[ ] **No**[ ]  **Changes found routinely?  Yes**[ ]  **No**[ ]  |
| **PATIENT DETAILS** |
| **NAME:** Click or tap here to enter text.**DOB:**  Click or tap here to enter text.**CONTACT TEL NOS:**   Click or tap here to enter text. |  **ADDRESS:**  Click or tap here to enter text. |  |
| **GP NAME:**  Click or tap here to enter text. | **GP SURGERY:** Click or tap here to enter text. |
| **OPTOMETRIST DETAILS****NAME:**     Click or tap here to enter text.**GOC NO:**  Click or tap here to enter text.    **TEL:**      Click or tap here to enter text. | **PRACTICE ADDRESS:** Click or tap here to enter text.                |
| **AFFECTED EYE:**  | **RIGHT:**    [ ]   | **LEFT:**      [ ]  |
| **PAST HISTORY:** **PREVIOUS AMD** **MYOPIA****PREVIOUS VA (if known)**     | **RIGHT: Wet**[ ]  **Dry**[ ]  **RIGHT:**    [ ]   **RIGHT:**   | **LEFT: Wet**[ ]    **Dry**[ ] **LEFT:**     [ ] **LEFT:**      |
| **REFERRAL GUIDELINES****DURATION OF VISUAL LOSS:** Click or tap here to enter text. |
| **PRESENTING SYMPTOMS IN AFFECTED EYE (one answer must be yes)**   |
| 1. **Visual Loss**
2. **Spontaneously reported distortion**
3. **Onset of scotoma (or blurred spot) in central vision**
 | **YES** [ ]   **YES** [ ]    **YES** [ ]     | **NO**  [ ] **NO**  [ ]  **NO**  [ ]   |
| **FINDINGS Best corrected VA (must be 6/96 or better in affected eye - give in Snellen)** |
| 1. **Distance VA**
2. **Near VA**
3. **Macular drusen**
 | **RIGHT:****RIGHT:**    **RIGHT:**     [ ]  | **LEFT:**    **LEFT:**    **LEFT:**    [ ]   |
| **In the affected eye ONLY, presence of:**  |
| 1. **Macular haemorrhage (preretinal, retinal, subretinal)**
2. **Subretinal fluid**
3. **Exudate**
 | **RIGHT:**     [ ] **RIGHT:**     [ ] **RIGHT:**     [ ]  | **LEFT:**    [ ]  **LEFT:**    [ ] **LEFT:**    [ ]  |
| **COMMENTS:**Click or tap here to enter text. |

**This form and any images to be sent as an attachment via email to –­**

 **­****tnu-tr.ophthalmologyreferrals@nhs.net** **Images attached? Yes** [ ]  **No** [ ]

PLEASE SET UP A RECEIVED and READ RECEIPT TO CONFIRM EMAIL HAS BEEN ACTIONED