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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**](mailto:tr.MacularatSEI@nhs.net) **Images attached? Yes  No**

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