



## West Yorkshire and Harrogate Suspected "Wet" AMD Rapid Access Referral Form

<b>Date of referral:</b>	
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<b>Affected Eye:</b> (please mark with an X)	Right Eye	Left Eye
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**Please provide history, signs, patient and optometrist details and send with images (if available)**

Please record the presenting symptoms and signs in the **affected** eye.  
At least one symptom or sign must be present. Please mark the correct box(es) with an X

<b>Recent history of:</b>		<b>Duration: (Weeks)</b>		<b>Duration: (Weeks)</b>
1. Visual loss .....	RE: <input type="checkbox"/>	Duration: <input type="text"/>	LE: <input type="checkbox"/>	Duration: <input type="text"/>
2. Spontaneously reported distortion .....	RE: <input type="checkbox"/>	Duration: <input type="text"/>	LE: <input type="checkbox"/>	Duration: <input type="text"/>
3. Central scotoma .....	RE: <input type="checkbox"/>	Duration: <input type="text"/>	LE: <input type="checkbox"/>	Duration: <input type="text"/>

<b>Findings / Signs:</b>		
1. Best corrected distance VA .....	Right: <input type="text"/>	Left: <input type="text"/>
2. Near VA (if recorded) .....	Right: <input type="text"/>	Left: <input type="text"/>
3. Macular drusen (either eye) .....	Right: <input type="text"/>	Left: <input type="text"/>
4. Macular haemorrhage .....	Right: <input type="text"/>	Left: <input type="text"/>
5. Macular exudate .....	Right: <input type="text"/>	Left: <input type="text"/>
6. Abnormal OCT imaging .....	Right: <input type="text"/>	Left: <input type="text"/>

<b>Patient name:</b>	<b>DOB:</b>	<b>NHS number:</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

<b>Address:</b>	<b>Telephone number:</b>
<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>

<b>Optometrist Name, GOC No and Telephone No:</b>	<b>Optometry Practice Name and Address:</b>
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

<b>Other comments:</b>	
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Bradford: Email [macular.admin@nhs.net](mailto:macular.admin@nhs.net) Tel: 01274 365222  
 Calderdale/Huddersfield: Email [cah-tr.referralsophthalmology@nhs.net](mailto:cah-tr.referralsophthalmology@nhs.net) or use the CHFT Ophthalmology Referral Portal  
 Harrogate: Email [urgentapptcentre.hdft@nhs.net](mailto:urgentapptcentre.hdft@nhs.net)  
 Leeds: Refer via CUES or Email [leedsth-tr.wetamdreferral@nhs.net](mailto:leedsth-tr.wetamdreferral@nhs.net)  
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