

Only 1 patient per fax transmission

Patient Details	
Surname	
First Name	
Date of Birth	
NHS No.	
Tel. No.	
Mobile No.	
Address	
Postcode	
Dr	
GP Surgery	
GP Address	

Tonometry & Disc Assessment		
	Right	Left
Date / Time		
Disc Size		
ISNT Rule Followed		
Instrument		
IOP Avg.		

Local Pathway	
ESP Preference	
HES Preference	

	Vision	Sph	Cyl	Axis	VA	Add	Prism	Base
Right								
Left								
Previous VA →		Date		Right		Left		

Referring Clinician Details	
Name	
GOC No.	
Practice	
Address	
Referral Date	

Action Required	
	Cancer – 2/52
	Urgent – within 2/52
	Routine – within 18/52

Referral Reasons	
	Anterior Eye
	Cataract
	Cornea / Conjunctiva
	External Eye Disease
	Glaucoma
	LVA Clinic
	Neuro-Ophthalmology
	Non Specific Eye Condition
	Oculoplastics / Orbital / Lacrimal
	Orthoptics
	Paediatric (Under 18 months)
	PCO / IOL (Incl. YAG)
	Squint / Ocular Motility
	Vitreo Retinal
	Medical Retina (Incl. DMR)

Observations: evolutio to send referral to appropriate provider. Info only for GP unless stated above.

The patient's consent to information being exchanged has been obtained via the consent form Attachments Enclosed