

# Ophthalmology Referral: Clinic Appointment Request



Patient Name _____	Optometrist _____
Address _____	Address _____
_____	_____
_____	_____
Postcode _____	Postcode _____
Date of birth _____	GP _____
Contact telephone no _____	Practice _____

**REMEMBER: If referring on to HES please attach field test charts**

<b>Optometry Test Results</b>														Initial test date _____	
Family History _____														Time of day _____	
Method of IOP test _____															
Right eye							Left eye								
Refraction details															
<b>R</b>	Sph	Cyl	Axis	Prism	Base	VA		Sph	Cyl	Axis	Prism	Base	VA	<b>L</b>	
							dist								
								near							
Pressure _____ mmHg							Pressure _____ mmHg								
Field test machine _____							Field test strategy _____								
right eye <input type="checkbox"/> normal <input type="checkbox"/> suspicious							left eye <input type="checkbox"/> normal <input type="checkbox"/> suspicious								
C:D ratio _____							C:D ratio _____								

<b>Retest Results</b>													
Retest date _____							time of day _____						
IOP by appl. tonometry <b>Right eye</b>							<b>Left eye</b>						
Pressure _____ mmHg							Pressure _____ mmHg						
Field test machine _____							Threshold / suprathreshold _____						
right eye <input type="checkbox"/> normal <input type="checkbox"/> suspicious							left eye <input type="checkbox"/> normal <input type="checkbox"/> suspicious						
<b>Outcome</b> (tick as appropriate)													
refer to secondary care <input type="checkbox"/> yes <input type="checkbox"/> no													
<input type="checkbox"/> tick to confirm field test charts have been attached to HES copy													
other information _____													

**White copy:** HES Referral / **Pink copy:** to GP for info if referred / **Blue copy:** PCT with payment claim / **Green copy:** Optometrist record