

To Patient:

Please take this form to any Optometrist (Optician) of your choice.

GP Note to Optometrist



Patient Details: Title First Names Surname	Hospital Unit No
Address Postcode	Date of Birth: Age: CHI : Sex:
Patient Tel No	<i>If patient can attend at short notice, please add work telephone number:</i>

Referring GP:	Tel: Practice Telephone
Practice Name (Ref: Practice Number) \$Practice Address	Fax: Practice fax
<i>Registered GP: \$RegGPName\$ (\$RegGPCypher\$)</i>	E-mail: Practice email

Gp-optom_V 1.1_12.03.07

Date GP Seeing Patient: \$Date\$

Dear Optometrist,

1. Possible Cataract:

I have seen this patient today and have noted a history of gradual visual loss which may be related to cataract.

2. Other Condition:

I have seen this patient today and have noted:

(Insert free text)

I would be grateful for your assessment and a written report which should be returned to me at the above address as soon as possible after seeing the patient.

Signed.....