OPTOMETRIST CATARACT OPHTHALMIC REFERRAL FORM

NHS Lothian

Patient Addressograph label, or,	*General Practitioner Details:*	*Referring Optometrist Details:*
Name: *DoB:* *Address:* *Telephone Number:*	*Telephone Number:*	

☐ **GP PRACTICE: FOR ACTION - TO ATTACH MEDICAL HISTORY AND ONWARD REFERRAL TO HOSPITAL VIA SCI GATEWAY (WHERE POSSIBLE)**

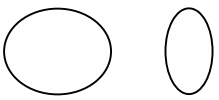
☐ **GP PRACTICE: FOR INFORMATION ONLY**

LENGTH OF HISTORY _____ **weeks** _____ **days** **Date of referral from optometrist:** _____

Clinical Information		**Sph**	**Cyl**	**Axis**	**Prism**	**VA**	**Add**	**NVA**	**NCT/Appl**
Current Refraction	**R**								
Date:	**L**								
Previous Relevant Refraction	**R**								
Date:	**L**								

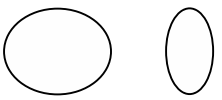
Right Lens **Dilated Y / N**

	Grade 0 - 4
Nuclear	
Cortical	
Post Sub Cap	



Left lens **Dilated Y / N**

	Grade 0 - 4
Nuclear	
Cortical	
Post Sub Cap	



Right		Comments	**Left**		Comments
Cornea	Healthy Y / N		Cornea	Healthy Y / N	
Disc	CD Ratio		Disc	CD Ratio	
AMD	Grade		AMD	Grade	
PXF	Y / N		PXF	Y / N	

Ocular history		**Comments**	**To be referred to:**
Ocular Trauma	Y / N		☐ **St John's Hospital**
Strabismus/ Amblyopia	Y / N		
Blepharitis	Y / N		☐ **PAEP**
Previous HES patient	Y / N		
Co-morbidity	Y / N		

Social Factors		**Comments**			**Comments**
Live alone	Y / N		Suffer from glare	Y / N	
Driver	Y / N		Reading impaired	Y / N	
Work/ Lifestyle affected	Y / N		Distance impaired	Y / N	
Carer	Y / N		Willing to have surgery	Y / N	
Impaired hearing	Y / N		Happy with the 5% risks	Y / N	
Impaired mobility	Y / N		Can lie flat for 30mins	Y / N	

Additional Information / Comments:

*** GP to scan optometrist's form and attach medical history for onward referral to ophthalmology dept via SCI Gateway (where possible) or keep for information ***