OPTOMETRIST GENERAL OPHTHALMIC REFERRAL FORM

NHS Lothian

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

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

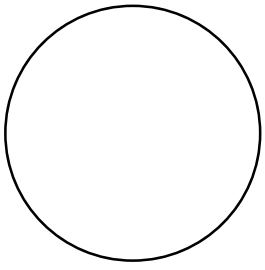
☐ **GP PRACTICE: FOR INFORMATION ONLY**

Type of Referral: ☐ Cyst ☐ Retinal ☐ Paediatrics
☐ Corneal ☐ Glaucoma ☐ Squint ☐ Other (please specify) _____

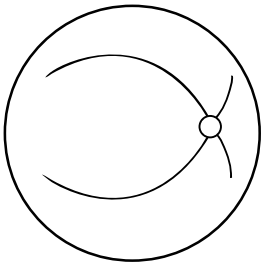
LENGTH OF HISTORY _____ **weeks** _____ **days** **Date of referral from optometrist:** _____

RIGHT

Corneal

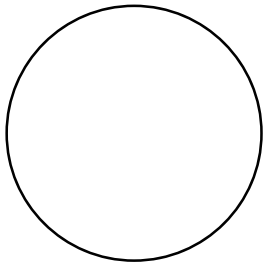


Fundus

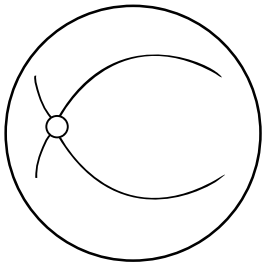


LEFT

Corneal



Fundus



Visual Acuity	Right eye: Distance		Near	Left eye: Distance		Near
Spectacle Prescription	SPH	CYL	AXIS	SPH	CYL	AXIS
Previous Prescription	SPH	CYL	AXIS	SPH	CYL	AXIS
IOP @	/ Contact			/ Contact		

☐ **Copy of visual fields attached as page 2 of referral**

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 ***