OPTOMETRIST GENERAL 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)

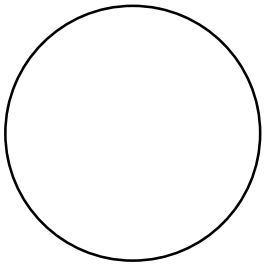
GP PRACTICE: FOR INFORMATION ONLY

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

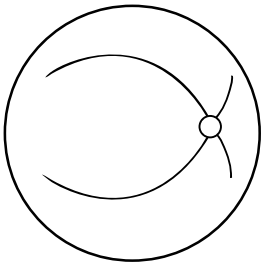
LENGTH OF HISTORY _____ weeks _____ days Date of referral from optometrist: _____

RIGHT

Corneal

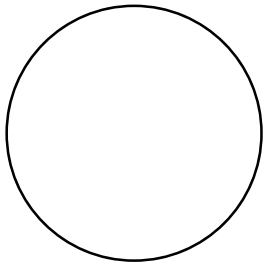


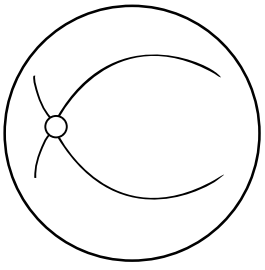
Fundus



LEFT

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 @	Non-Contact / Contact			Non-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 ***