**OPTHOMETRY TRIAGE FORM**

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Contact details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; time:</td>
<td>Staff member:</td>
</tr>
</tbody>
</table>

**Referred by:**

**Description of problem:**

- [ ] NEW flashing lights?
- [ ] NEW floaters?
- [ ] Getting worse?
- [ ] Eye pain?
- [ ] Sensitive to light?
- [ ] Sudden change in vision?
- [ ] Recent eye surgery type:
  - [ ] Loss of vision
  - [ ] Permanent
  - [ ] Temporary
  - [ ] Blurred vision
  - [ ] Misty vision
  - [ ] Sudden onset squint
  - [ ] Double vision

**Duration _____ hours _____ days _____ weeks**

**Eye(s) affected:**
- [ ] R
- [ ] L

- [ ] Vision changes?
- [ ] with headache?
- [ ] with nausea?

If yes specify the type of changes:
- [ ] Loss of vision
- [ ] Permanent
- [ ] Temporary
- [ ] Blurred vision
- [ ] Misty vision
- [ ] Sudden onset squint
- [ ] Double vision

**Optometric’s review:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**SYMPTOMS:**

- [ ] Redness?
- [ ] Swollen lids?
- [ ] Sticky eyes?
- [ ] Watery eyes?

**PLAN:**

**APPOINTMENT:**

- [ ] appointment made?
- [ ] Yes
- [ ] No

**STAFF TRIAGE INSTRUCTIONS:** If a patient calls with an urgent eye problem ask every question on this form, listen to the patient and carefully document all positive answers. Use the table above to offer a suitable appointment or ask an optometrist if you are not sure.

**URGENT = SAME DAY APPOINTMENT!** The patient should be seen within 24 hours.

*Note that it is not possible to claim a GOS fee for “contact lens specific tests” - i.e. regular aftercare, CL fitting problems or removing a torn contact lens. These patients can only be seen on a private basis.

If it is not possible for the patient to be seen then they should be referred to another LEHN practice or ARC or the ophthalmology on call team as appropriate.