**URGENT EYE CLINIC REFERRAL FORM**

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| **Patient Details** | **Referrer Details** |
| **First Name:**Click or tap here to enter text.**Surname:**Click or tap here to enter text.**DOB:**Click or tap here to enter text.**Address:**Patient ward location if in-patient**Postcode:**Click or tap here to enter text.**Contact No:**Please make sure this is correct**Email:**Optional | **Name:**Click or tap here to enter text.**Role:**Click or tap here to enter text.**Department/Ward:****Address:**Click or tap here to enter text.**Postcode:**Click or tap here to enter text.**Contact No:**Click or tap here to enter text.**Email:**Click or tap here to enter text. |
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| **Is the patient an:** | [ ] **Inpatient** | [ ] **Outpatient** |
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| **Presenting Complaint:**Click or tap here to enter text. |
| **Duration of Symptoms:** | [ ] **24-48 hours** | [ ] **1 Week** | [ ] **2 Weeks** |
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| **Visual Acuity:**Best corrected vision should be tested in ALL patients if possible | **Right Eye**Please choose an option or state why visual acuity was not assessed. | **Left Eye**Please choose an option or state why visual acuity was not assessed. |
| **Clinical findings and other relevant history: (please include IOP readings if available)**Click or tap here to enter text. |
| **Details of PHOTO / VISUAL FIELDS / SCANS: (please attach to referral if available)** |
| **Save the form as a PDF and email to** **enh-tr.urgenteyereferral@nhs.net*** Please ensure that all fields are completed, incomplete forms will be rejected and returned to sender
* This email is manned Monday – Friday 9am – 7pm and Saturday 9am – 12pm
* We do not provide an urgent eye service outside of these hours

We will triage and contact the patient directly with an appointment or advise on alternative services**Walk-in patients will be re-directed back to the referrer** |
| **ABRIDGED REFERRAL GUIDE:**1. This clinic is for adults and children that you feel have a **sight/life-threatening ophthalmological condition that requires hospital eye care within two weeks**
* Including but not exclusive: penetrating/severe blunt trauma, chemical injury, sudden loss of vision, acute severe pain, acute angle closure, sudden onset diplopia, acute post-op complications
* **Routine referrals must not be sent via this pathway**
1. If you are unsure whether your patient fits the urgent criteria, please complete this form - it will be triaged according to clinical need
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