

**OPTOMETRY: EYE CASUALTY
REFERRAL FORM**

Patient Details		Optometry Practice Details	
Name:		Practice name:	
DOB:		Premises code:	
Health and Care Number:		Tel No:	
Referral following (<i>please tick</i>):		HSCNI email address:	
NI PEARS assessment		Optometric Examination Date:	
GOS eye examination	Other examination		
Presenting Symptoms (including duration)			
Visual Acuities	RE	LE	With Glasses worn: Y N (<i>please tick</i>)
Investigations/Findings			
BERT SCORE (for PVD related referrals: put total score in box & tick relevant factors)	<input type="text"/>	Male Myopia Blurred vision Shadow Vit Haem Tobacco Dust	Designated Score: (1) (1) (2) (2) (3) (4)
Any Ophthalmic drugs used e.g. for dilation	Drug:	Dose:	RE LE Both (<i>please tick</i>)
	Time of instillation:		
Provisional Diagnosis/Reason for Eye Casualty referral			
Advice given to patient			
Optometrist Signature			
Optometrist Name (please print)			
NI GOS personal code			

Patient consents to diagnosis information and feedback to be provided by HES to referring primary care optometrist.

Patient Signature _____ Date _____

**EYE CASUALTY: OPTOMETRY
REFERRAL FEEDBACK FORM**

(A) TO BE COMPLETED BY OPTOMETRIST

Optometrist Name & Practice Address for return letter

(Complete carefully within box below as this will be visible as the return address within the envelope window)

(B) TO BE COMPLETED BY EYE CASUALTY CLINICIAN

Dear Colleague,

Many thanks for referring this patient to eye casualty following their optometric assessment.

With the patient's consent and as part of an improved communication pathway between the Emergency Hospital Eye Service (Eye Casualty) and Primary Care Optometry the comments below have been added. These comments are to aid learning and development of the pathway between our services.

The patient was seen on _____ (date)

The patient was seen by _____

(please circle): Consultant | ST3-7 | ST1-2 | FY2 | Optometrist | Nurse Practitioner | Orthoptist

Eye Casualty Diagnosis _____

Does this support the initial referral suspected diagnosis? YES NO

Comments