NI PEARS PLUS PILOT OUTCOME & CLAIM FORM

Patient Details	Optometric Practice Details
Name:	NI PEARS Plus IP Optometrist:
DOB:	Personal Code:
Health and Care Number:	Practice Name: Practice Code:

Referral Source (please tick)	BHSCT Eye Casualty ☐ Name of original optometry/GP practice who referred patient to Eye Casualty if known ____ NIPEARS optometrist in same practice ☐ NIPPlus IP optometrist (upgrade from NIPEARS provided by same IP practitioner) ☐ _________________
NI PEARS Plus Activity (please tick)	Date of Referral: ___________ | Appointment Date: _______ First appointment ☐ Follow up appointment ☐
Diagnosis (please tick/specify)	Foreign Body ☐ Anterior Uveitis: First episode ☐ Recurrent episode ☐ Herpes simplex Ulcer ☐ Marginal keratitis ☐ Other (Please specify) ____
Outcome of NI PEARS Plus Attendance (please select all that apply)	Discharge with advice ☐ **Or** Manage and Treat ☐ If foreign body removal state method ______________________________ Ophthalmic Medication recommended Yes ☐ No ☐ Prescription Issued Yes ☐ No ☐ If yes indicate type: Lubricant ☐ Chloramphenicol ☐ Other topical POM antibiotic ☐ Oral antibiotic ☐ Topical Steroid ☐ Topical Cycloplegic ☐ Topical anti-viral ☐ Oral Anti- viral ☐ Other (please state) ☐ Other: ____ BHSCT Eye Casualty referral required Yes ☐ No ☐ If yes reason for referral ____________________________________
Patient & Practitioner Declaration	Complete LESPR form; use code NIPP A (if First Attendance) NIPP F (if Follow Up)
	Email completed form to BSO Ophthalmic services at **gareth.drake@hscni.net**