



## NI PEARS REFERRAL REPORT FORM

Patient Details	Optometric Practice Details
Name:	NI PEARS Accredited Optometrist:
DOB:	Personal Code:
Health and Care Number:	Practice
Address:	GP Details
	GP Name:
Date:	GP Practice:

### **FOR INFORMATION ONLY – NO ACTION REQUIRED**

Dear \_\_\_\_\_

Thank you for referring your patient for an optometric assessment under NI PEARS. I carried out the assessment today and he/she has been diagnosed with:

Conjunctivitis  Sub-conjunctival haemorrhage  Dry Eye   
Chalazion/Hordeolum  Episcleritis  Flashes/Floaters   
Simple Entropion / Ectropion  Trichiasis  Blepharitis  Corneal Foreign Body   
Corneal Abrasion

Other (Please specify) \_\_\_\_\_

I have provided:

Advice & Discharged

Management, Treatment & Discharged

Management, Treatment & recommended follow up in \_\_\_\_\_ days

Treatment: \_\_\_\_\_

I have issued the patient with a prescription request form Yes / No

Referral to secondary care Urgent  Hospital \_\_\_\_\_ / Routine

Yours sincerely

\_\_\_\_\_

NI PEARS Accredited Optometrist