

R N I B**Northern
Ireland****See differently****ECLO Optometry Referral Form**

Please send to:

ecloreferrals@belfasttrust.hscni.net or ECLONI.Mailbox@rnib.org.uk**RNIB Northern Ireland**Victoria House, 15-17
Gloucester Street, Belfast
BT1 4LSrnib.org.uk/northernireland

RNIB Helpline: 0303 123 9999

rnibni@rnib.org.uk

Patient Details	GP/Medical Practitioner
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel. Home:	Tel:
Tel. Mobile:	Email

Date of Birth

Visual Acuity	RE	LE
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Eye Condition

Concerns / Additional Needs

Optometry Contractor Practice Name: Address: Postcode: Tel No: Practice HSCNI Email*:	Optometrist signature: GOS Code: Date: Patient's Signature: Patient aware they are being referred to RNIB and consent to this? Y / N
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Royal National Institute of Blind People

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