

OHT1

This form is only for use by a LES accredited optometrist as part of the Local Enhanced Service (LES I and LES II) when OHT is suspected. In cases where Glaucoma is suspected (either with or without enhanced case finding) the patient should be referred using the G1 form

OCULAR HYPERTENSION REFERRAL FORM (IOP REPEAT MEASURES)

OCOLAR HIPERIENSION REFERRAL FORM (IOP REPEAT MEASURES)								
OPTOMETRIST					GENERAL MEDICAL PRACTITIONER			
Name:					Name:			
GOS Personal code:					Practice Address:			
Practice address:								
Signature: Date:								
PATIENT DETAILS								
Title: Surname:					First Name(s):			
Health & Care No: Date of birth:								
A 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
Address: Tel No Home:								
Work:								
Mobile:								
Post Code:								
SYMPTOMS Asymptomatic □ Symptomatic □ (state symptoms)								
Refraction and IOP Details Date:								
	Unaided	Sph	Cyl	Axis	VA	Add	Near	Previous VA
	vision					1 101 01	VA	(state date)
R	1101011							(Claire diale)
1								
Intra Ocular Pressures (mmHg): RIGHT EYE LEFT EYE								
Date: Time: Method of Measurement (must state):								
Intra Ocular Pressures <u>after repeated measure (mmHg):</u> RIGHT EYE LEFT EYE								
Date: Time:								
Method of Measurement (please circle): GAT *only GAT for Level II LES PERKINS								
Discs Normal: ☐ Visual Fields Normal: ☐ Van Herick Normal: ☐ Grade:								
Please only refer if - tick one in line with IOP referral criteria and tick which LES provided:								
IOP ≥ 24mmHg □ LES LEVEL I PROVIDED □ LES LEVEL II PROVIDED (enhanced case finding) □								
Additional Comments:								
DI EASE SEND THIS OUT I DECEDBAL FORM: Optomotry Practices in Political I CC area places condithic OUT 4 referred to the								
PLEASE SEND THIS OHT1 REFERRALFORM: Optometry Practices in Belfast LCG area please send this OHT1 referral to the Glaucoma Service, Shankill Wellbeing and Treatment Centre, 83 Shankill Road, Belfast BT13 1FD. *Optometry Practices in ALL								
other areas please send this OHT1 referral to the patient's General Medical Practitioner who will forward it to the appropriate								
ophthalmolog			pa				o. wait	appropriate
	l by Glaucoma S	ervice (for HE	S use on	ıly):				
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