

TRIAGE FORM



Member of
Association of British
Dispensing Opticians

Patient Name: Mrs Sandra Sample
DOB: 18/01/70 NHS Number: (if known) Not known
Patient Address: 2 Sample Road,
Sample Town,
Devon, SA11PL,
Contact Telephone: 01234 765432
Presented: ~~Telephone~~ / Walk-in / ~~Referred~~ (Delete as appropriate)

Date: 1 January 2022
Time: 11.00 am
Triage Completed by: Mary Smith
If referred to your practice please indicate where from:
Sent from her GP
GP Name & Surgery:
Dr Sample, Any GP Surgery, Sample Town

Patients Presenting Concerns: RE /~~LE~~ /~~BE~~ (Delete as appropriate)

Mrs Sample has had a sore right eye for two weeks with some stickiness when she wakes up in the morning. She has seen the local pharmacy and has been given drops but doesn't know what they are. She says her vision is a bit worse due to the discharge in her eye but clears later in the morning. Doesn't feel drop are having much effect Etc

	YES	NO
Pain?		<input checked="" type="checkbox"/>
Condition worsening?	<input checked="" type="checkbox"/>	
Redness?	<input checked="" type="checkbox"/>	
Discharge?		<input checked="" type="checkbox"/>
Sensitive to light?	<input checked="" type="checkbox"/>	
Change/Distortion in vision?		<input checked="" type="checkbox"/>
Loss of vision?		<input checked="" type="checkbox"/>
Contact lens wearer?		<input checked="" type="checkbox"/>
Flashes and/or floaters?		<input checked="" type="checkbox"/>
History of migraine?		<input checked="" type="checkbox"/>
Recent change in medication?		<input checked="" type="checkbox"/>
History of dry eye?		<input checked="" type="checkbox"/>

When did presenting symptoms start: 15 December 2021

Last sight test date: 2 January 2021

If the patient is experiencing any pain or discomfort:

Score the level of pain/discomfort out of 10 (where 0/10 is no pain/discomfort and 10/10 is excruciating pain/discomfort) Also record where in the eye/eyes and any surrounding area the pain/discomfort is felt. If a foreign body is suspected record what and when/how it might have occurred.

Mrs Sample has mild discomfort in her right eye, 4/10 (left eye feels fine 0/10) which feels more uncomfortable under her top eyelid but her eye feels sore generally. Patient was out gardening just before this all happened and might have got a piece of twig or soil in her eye. She was not wearing any eye protection or spectacles at the time.

If the patient answered "yes" to any of the questions above please ask DO/CLO/Optometrists to add further details below: (If GOC registrant unavailable please refer to local guidelines or contact eye casualty dept and include any advice received below)

Mrs Sample feels she might have a central blur in the vision on her right eye but is unsure, no floaters but the R eye does appear to be very red nasally and px feels happy out of bright lights etc

☐ **ADVICE & GUIDANCE:** (Please indicate any A&G issued)

☒ **REFER:** Please indicate to whom and level of urgency ~~Emergency~~ / Urgent / ~~Routine~~
Due to length of time px has symptoms and concern over possible change in vision I am referring this to our local MECS service for an appointment within 24 hours.

☐ **BOOK SIGHT TEST:** (Please indicate date and time of appointment):

Registrant Review by: Max Halford

GOC Number: D7489

Date: 1 January 2022