



**Please treat this referral as emergency / urgent / routine** (delete as appropriate)

**Patients details**

Date of referral:	Patients address:
Title:	
Forenames:	
Surname:	
Date of birth:	Postcode:
Email address:	NHS number (if known):
Home tel:	Work/mobile Tel:
<b>Referring practitioner details</b>	<b>Patients' current GP details</b>
Practitioner's name:	GP's name:
Practice address:	GP practice address:
Practice tel:	

**Details from the most recent eye examination**

Date:	Vision uncorrected	Sph	Cyl	Axis	Prism	Base	VA At test	VA Today	Add	NVA
<b>Right</b>										
<b>Left</b>										
<b>IOP</b> date:		Time:		Right:		mmHg				
Type of tonometer:				Left:		mmHg				
<b>Visual fields</b> date:				Right:						
Visual fields instrument:				Left:						
<b>Reason(s) for referral:</b> Include signs, symptoms, duration, relevant history and suspected diagnosis as appropriate										

**STATEMENT:** I confirm consent has been obtained from the patient (guardian) to information being exchanged between the Hospital Eye Service, their General Medical Practitioner and Optometrist or Ophthalmic Medical Practitioner and the content of this referral has been explained.

Practitioner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner's GOC number: \_\_\_\_\_