

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:
Referring practitioner details	Patients' current GP details
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
Right										
Left										
IOP date:	Time:			Right:	mmHg					
Type of tonometer:				Left:	mmHg					
Visual fields date:				Right:						
Visual fields instrument:				Left:						
Reason(s) for referral: 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: _____