

NHS General Ophthalmic Services – Referral/Notification of Patient to GMP

Section One: To be sent to GMP To: Dr

SURNAME (Mr, Mrs, Miss, Ms) «Surname» OTHER NAME(S): «FirstNames»

ADDRESS: «Address1», «Address2»

«Address3» POSTCODE: «Postcode» TEL. NUMBER:

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST DATE:										Previous corrected V.A. Date	Date of Birth NHS Number(If Known):
	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA		
RE											Spocily Cycloplegic il Used
LE											

PLEASE COMPLETE BELOW AS APPROPRIATE

Disc Appearances: RE..... LE.....

Intra-Ocular Pressures: RE.....mmHg LE.....mmHg Pneumo/Applanation Tonometer

Visual Fields: RE..... LE..... (Enclose Copy if available)

POINTS REQUIRING ATTENTION – FOR INFORMATION(AND POSSIBLE REFERRAL):

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed.....Date.....

Name and Address of Optometrist/OMP

Signed (Optometrist/OMP)

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr/Mr.....

RELEVANT CLINICAL HISTORY – INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION

URGENCY RATING:Urgent/Soon/In lurn

Blood Pressure:.....mmHg

Urinalysis

Provisional Diagnosis:

Name and Address of GMP

Signed (GMP) Date