

GP information form

WECS (2)

Patient Details Title Surname Forename(s) Address Postcode D.O.B. NHS Number Tel.	Optometrist practice details Date of examination Date of referral (if different)
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Principal subject:

GP ACTION REQUIRED?

<input type="checkbox"/>	NO – Information only	– see details below
<input type="checkbox"/>	YES – Additional investigations required by GP	– see details below
<input type="checkbox"/>	YES – Referral of patient to:	– see details below
<input type="checkbox"/>	YES – Patient has dry eye and requires artificial teardrops. I have recommended to be used..... They will / will not require them to be added to their repeat prescription	
<input type="checkbox"/>	YES – Other:	– see details below

<input type="checkbox"/>	Patient has experienced Floaters/photopsia. The cause appears to be posterior vitreous detachment (PVD). There are no signs of retinal detachment, or tears. Schafers sign is negative. I have re-assured them and given appropriate warnings on the symptoms of retinal detachment.
<input type="checkbox"/>	I examined the patient through WECS as they are at higher risk of eye disease due to Race/unilateral/hearing impaired/retinitis pigmentosa. All findings were normal.
<input type="checkbox"/>	I have performed further investigations following a sight test. All findings were normal.
<input type="checkbox"/>	Other

Reason

Findings

Action/advice

Signed	List/GOC number
Print Name	Date

For the attention of (Dr) (Practice) (Town)