WECS(3)

Referral Form: Optometry to Ophthalmology

Principle Reason for Referral .....**EMERGENCY / PRIORITY / IN TURN**

GIG CYMRU NHS WALES

Patient Details	**Optometrist Practice (Capitals or Stamp)**
Title: Mr / Miss / Mrs / Ms / Dr / Other: ..... Sex: M / F	.....
Surname: ..... Forenames:	.....
Address:	.....
.....	.....
..... Postcode:	.....
DOB: ...../...../..... NHS / Hosp No. (if known)	
Tel. Number(s) / E Mail Address.....	Date of examination: ...../...../.....
Interpreter: Required / Not required Language	Date of referral: ...../...../ .....

Findings and Provisional Diagnosis:

-
-
-
-
-

Cataract Referral: Will patient undergo cataract surgery? Y / N Refractive change? Y / N (see below)

Right ☐ Left ☐ Driver ☐ Working ☐ Carer ☐ Lifestyle Compromised ☐ Safety Problem ☐

	Disc features	IOP (mmHg)	Time	Field defect	Enclosure	Macula features
R				Y / N	Y / N	
L				Y / N	Y / N	

Relevant Family Ocular History:

<u>Patient General Health information (Incl. known allergies)</u>

Known conditions:

Known medication:

	<u>Vision</u>	SPHERE	CYL	AXIS	PRISM / BASE	**<u>VA</u>**	**<u>PH</u>**	ADD	**<u>NEAR VA</u>**	PREVIOUS Rx	BEST VA	DATE
R												
L												

Signed ..... (Optometrist) Print Name ..... Ophth. List No ..... Date ...../...../.....

For the attention of Dr ..... of ..... Surgery/H.C.

<u>I AM REFERRING THIS PATIENT TO OPHTHALMOLOGY AS INDICATED BELOW and informing you as required</u>

Mr/Mrs/Miss/Dr ..... of ..... Hospital.

Hospital Copy ☐	Optometrist Copy ☐	GP Copy ☐
(for referral purposes)	(for records)	(for information: **<u>do not forward to HES</u>**)

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Version 122015_002 Product Code: **WECS3**

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