Gloucestershire Ophthalmology Service: **WET AMD RAPID ACCESS REFERRAL FORM**

**For completion by Optometrist**

**Patient Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | DOB | | Male/Female |
| Hospital No (if known) | | | | |
| Address: | | | | Postcode: |
| Tel: Home: | | Tel: Work: | | Occupation: |
| **Referring Optometrist** | | | **General Practitioner** | |
| Name: | | | Name: | |
| Practice Name: | | | Practice Name: | |
| Address: | | | Address: | |
| Postcode: | | | Postcode: | |
| Telephone: | nhs.net email: | | Telephone: | |
| GOC No: | | | nhs.net email: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **AFFECTED EYE:** | | **RIGHT** | **LEFT** |
| **PREVIOUS HISTORY IN EITHER EYE** | | | |
| Previous AMD | | Right | Left |
| Myopic | | Right | Left |
| Other: | | Right | Left |
| Referral Guidelines | | | |
| **PRESENTING SYMPTOMS IN AFFECTED EYE (one answer must be ‘yes’)** | | | |
| Less than 3 month history of: | | | |
| 1. Visual Loss | | Yes | No |
| 2. Spontaneously reported distortion | | Yes | No |
| 3. Onset missing patch / blurring in central vision | | Yes | No |
| **FINDINGS Corrected VA (must be 6/96 or better in affected eye)** | | | |
| 1. Distance VA | | Right | Left |
| 2. Near VA | | Right | Left |
| 3. Macular drusen (either eye) | | Right | Left |
| In the affected eye ONLY, presence of macular: | | | |
| 4. Haemorrhage | | Yes | No |
| 5. Subretinal fluid | | Yes | No |
| 6. Exudate | | Yes | No |
| CURRENT REFRACTION: | Distance: R …………………………… L ……………………..……… | | |
| Date: ……..………… | Near: R …………………..…….…. L …….…..……………..…... | | |
| OTHER COMMENTS: | | EMAIL TO ghn-tr.AMDteam@nhs.net  ONLY IF YOU HAVE ACCESS TO NHS.net | |
| I request that my referring optometrist receives a report from the Hospital Eye Department: Yes No | | | |
| Patient’s signature: | | Print name: | |
| Optometrist’s signature: | | Print name: | Date: / / |
| Gloucestershire Royal Hospital: Central Booking Office, 8 Pulman Court, Great Western Road, Gloucester, GL1 3ND | | | |
| Patients will be contacted within 48 hours of receipt of this referral, Monday to Friday and an appointment will be sent. | | Copy sent to GP: Yes No | |

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST AMD Rapid Access REFERRAL FORM – Version 6.4 January2022