|  |  |  |
| --- | --- | --- |
| Patient Name:  | DOB: | Date: |
| Hospital / NHS No. (if known):  |
| Address:  | Postcode: |
| Tel: Home:  | Tel: Work:  | Occupation:  |
| **Referring Optometrist** | **General Practitioner** |
| Name and GOC no: | Name: |
| Practice Name: | Practice Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Telephone: | nhs.net email: | Telephone:  |
| **Provisional Diagnosis\***  |
| nAMD |
| RVO (Please ensure copy of this letter is sent to the GP so that BP, serum glucose, FBC and ESR can be carried out ASAP) |
| Other suspect urgent Medical Retina (please specify) Notes: |
| \*Please **do not**use this for referrals that are best managed by the Vitreo-Retinal Team i.e., ERMs, Macular Holes etc. These are best sent as a referral to ghn-tr.cboreferrals@nhs.net from a nhs.net acct\* |
| **Clinical Signs** |
|  | **RIGHT** | **LEFT** | Comments |
| Rx |  |  |  |
| BCVA |  |  |  |
| Symptomatic |  |  | If yes, duration of symptoms? |
| Macular haemorrhage |  |  |  |
| Drusen |  |  |  |
| Exudate |  |  |  |
| Sub/intra-retinal fluid |  |  | OCT performed: YES  NO If yes is it attached? YES  NO  |
| Any other relevant features? |  |  |  |
| Any other relevant information? (eg is Pt diabetic, previous high myope, previously known to HES etc) |