|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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](mailto: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) | | | | | | |