Worcestershire Acute Hospitals (NHS) Trust / Worcestershire Local Optometric Committee

Referral Form for Rapid Access Wet Macular Degeneration Clinic

*email to* **wah-tr.worcestershirehes@nhs.net**(*via NHSmail or other secure email)*.

DATE OF REFERRAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT DETAILS

|  |  |  |
| --- | --- | --- |
| Title and Name:  | DoB:  | NHS No.  |
| Contact Tel.  |
| Address: | GP Surgery:  |

CURRENT REFRACTION – DATE

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Unaided VA** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** | **VA** | **Add** | **Near****VA** | **Previous VA****(date)** |
| **RE** |  |  |  |  |  |  |  |  |  |  |
| **LE**  |  |  |  |  |  |  |  |  |  |  |

RELATED SYMPTOMS – please state duration

|  |
| --- |
|  |

OTHER SIGNIFICANT HISTORY

|  |
| --- |
|  |

SIGNS

|  |  |  |
| --- | --- | --- |
| **Macula Signs** | **Right Eye** | **Left Eye** |
|  Haemorrhage  | Yes [ ]  | No [ ]  | Yes [ ]   | No [ ]   |
|  Exudate  | Yes [ ]  | No [ ]  | Yes [ ]   | No [ ]   |
|  Elevation | Yes [ ]  | No [ ]  | Yes [ ]   | No [ ]   |
| **Other Findings** (e.g. VA with Pin Hole) |  |  |

ATTACHED TEST RESULT FILES: OCT / Fundus Image / Visual Field

PROVISIONAL DIAGNOSIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERRING OPTOMETRIST

|  |  |
| --- | --- |
| Title and Name:  | **GOC No.**  |
| Tel:  | **Practice Address:** |

*Patients will be seen in an ‘OCT Triage Clinic’, with four possible outcomes: (1) follow-up in the Rapid Access (Macula) Clinic (2) follow-up in another clinic (3) referral to Operose Health (4) discharge to the optometrist / GP.*

Authors Dr John Gardner, Mr Gurdeep Bansal 9/3/21