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**](mailto: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