|  |  |
| --- | --- |
| **Patient name:** Click to enter full name.  **Address:** Click to enter text.  Click to enter text.  Click enter text.  **Postcode:** Click to enter postcode.  **DoB:** Click to enter dob.  **Contact telephone:** Click to enter number.  **Email:** Click here to enter text.  **NHS/ Hospital ID (if known):** Click to enter number.  **GP surgery:** Click to enter. | **Date of referral:** Click to enter date.  **Optometrist:** Click to enter name.  **GOC No:** Click to enter number.  **Practice:** Click to enter name.  **Address:** Click to enter text.  Click to enter text.  Click to enter text.  **Postcode:** Click to enter text.  **Telephone:** Click to enter number.  **Email:** Click to enter email. |

**Referral criteria:**

* Visual loss and VA in affected eye– 6/96 or better
* Recent sudden onset of central distortion (usually less than 6 months)
* Fundal appearance suggestive of choroidal neovascularisation, e.g., haemorrhage, subretinal fluid.

**Refraction and VA Complete all sections**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** | **VA** | **with PH** | **Add** | **NVA** | **Previous VA** | **Amsler distortion?** |
| **R** |  |  |  |  |  |  |  |  |  |  | YES/ NO |
| **L** |  |  |  |  |  |  |  |  |  |  | YES/ NO |

**Clinical findings**

|  |  |
| --- | --- |
| **Past history:**  **Which eye is affected?** Right/ Left  **Duration of distortion?** weeks  In **AFFECTED EYE ONLY**, presence of:  Macular haemorrhage (pre-, retinal, sub-) YES/ NO  Intra-retinal /Sub-retinal fluid YES/ NO  Macular oedema YES/ NO  Exudate YES/ NO  Neovascularisation YES/ NO | **Additional findings:**  Fundus image attached: YES/ NO  OCT scan attached: YES/ NO |

**Trust information for Optometrist**

|  |  |
| --- | --- |
| **Moorfields Eye Hospital FT**  Secure email: [meh-tr.wetarmd@nhs.net](mailto:meh-tr.wetarmd@nhs.net)  Alternative urgent pathway: Only if very urgent call the A&E doctor on call prior to sending patient  **020 7521 4682** | **For MEH referral please state patients preferred location to be managed:**  City Road/Hoxton  Stratford/Sir Ludwig Guttman  Ealing  Northwick Park |

**FOR PATIENT:** If you have not heard about your appointment after 14 days, please let the optometrist know so that they can contact the ophthalmology department on your behalf.

**FOR GP:** Notification only - this referral has been sent directly via the urgent next working day wet ARMD