**Optometrist Direct Referral to Wetherby Eye Clinic**

**Please send all referrals to:**

**Wetherby Eye Clinic
43 Market Place
Wetherby LS22 6LN**

**Email: a.wetherby@nhs.net**

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| *We accept* ***non-urgent*** *adult referrals, including for glaucoma, ocular hypertension, external eye disease, blepharitis, watery and dry eyes, eyelid lesions excluding those with malignancy concerns, some minor surgery,* ***non-acute*** *flashers and floaters, retinal and optic disc problems* ***excluding emergencies****, dry age related macular degeneration, non-neurological blurred vision, pigmented iris and retinal lesions, painful eyes, and general ophthalmology conditions. Patients must be aged 17+. For more information and exempt conditions see* [***www.applesonoptometrists.co.uk/wetherby-eye-clinic***](www.applesonoptometrists.co.uk/wetherby-eye-clinic) |
| **Patient Details** |
| Title |  | Surname |  | First name(s) |  |
| Address |  | Postcode |  |
| Date of Birth |  | NHS Number |  | Phone |  |
| **Optometrist/OMP Details** | Date of referral |  |
| Name |  | GOC/GMC No |  |
| Practice Address |  | Postcode |  |
| Phone |  | Fax |  | Secure email |  |
| **GP Details** |
| Name |  | Practice code |  |
| Practice address |  | Postcode |  |
| Phone |  | Fax |  | Secure Email |  |

|  |  |
| --- | --- |
| **Visual Status** | Date: |
|  | SPHERE | CYL | AXIS | PRISM | **VA** | ADD | PRISM | **NVA** |
| **RE** |  |  |  |  |  |  |  |  |
| **LE** |  |  |  |  |  |  |  |  |
| **Referral Reason** (please attach visual fields, photos, etc. if available) |
|  |
| Other/Further Information |
|  |
| **Further Clinical Findings** |
| Visual Fields | RE |  | LE |  | Plot Attached |  |
| IOPs | RE |  | LE |  | Method |  |
| *STATEMENT: The reason for this referral has been explained to the patient/guardian, who agrees to it. The patient/guardian also consents to information being exchanged between HES/GP/Optometrist* |
| Optom/OMP Signature |  | Date |  |