NHS North West London Direct Optometrist Fax Referral Pathway For Wet-AMD and Medical Retina Assessment (v2.2 27/06/2014)

NHS Central London CCG | NHS Hammersmith & Fulham CCG | NHS Hillingdon CCG | NHS West London CCG

Please fax this form to the selected hospital fax number below and make photocopies for:

□ One copy to be given to Patient □ One Copy to be posted to GP □ One Copy to be filed into Practice Notes

I have offered the patient the following choice of treatment centres and the patient wishes to be referred to the treatment centre as indicated below:

□ Chelsea & Westminster Hospital	Fax: 020 8237 5040	NHS **Chelsea and Westminster Hospital** Tel: 020 8746 5042 | Mr Nigel Davis
□ Hillingdon Hospital Eye Clinic	Fax: 01895 279 247	NHS **Hillingdon Hospital** Tel: 01895 279240 | Mr Nicholas Lee | Miss Sheena George
□ Western Eye Hospital Macula Clinic □ Charing Cross Hospital Macula Clinic	Fax: 020 3312 3656	NHS **Imperial College Healthcare** Tel: 020 3312 7724 | Mr Saad Younis www.imperial.nhs.uk/gps/referralletters
□ Moorfields Eye Hospital (City Road)	Fax: 020 7566 2583	NHS **Moorfields Eye Hospital** Tel: 020 7566 2311

GP Details

Name:

Address:

Optometrist Details

Name:

GOC No.:

Practice Stamp:

Referral Date: ____/____/_____

Patient Details

Surname:

First Names:

Date of Birth: ____/____/_____

Contact Tel No.:

Address:

History (Urgent Retina Referral: At Least One Symptom)

Affected Eye: □ RE □ LE; Symptom Duration: ____ Weeks

□ Central Scotoma □ Deteriorating Vision □ Spontaneous Visual Distortion

Examination (Urgent Retina Referral: At Least One Sign)

BCVA RE: □≥6/9 □6/12 □6/18 □6/24 □6/36 □6/48 □6/60 □6/96 □<6/96

BCVA LE: □≥6/9 □6/12 □6/18 □6/24 □6/36 □6/48 □6/60 □6/96 □<6/96

Affected Eye: □ Macular Hemorrhage □ Macular Oedema □ Macular Exudates

□ Wet AMD □ Proliferative Diabetic Retinopathy □ Others: _____

Referrer Verification (Compulsory for Fast-Track Screening)

□ Within 2 Weeks – I certify that this patient satisfies the above referral criteria for urgent assessment.

□ Routine (not conforming to Urgent Retina Referral Criteria)

Referrer's Signature: