

**Norfolk & Norwich University Hospitals NHS Foundation Trust**  
**Suspect Glaucoma Direct Referral Form**

Email direct to NNUH: [OPServicesPostTeam@nnuh.nhs.uk](mailto:OPServicesPostTeam@nnuh.nhs.uk) (from an '@nhs.net' address only)

**Patient Details**

Title (Dr Mr Mrs Miss Ms)	Surname	Other Names
Address		DoB
		Phone
Post Code		Hospital Number (if known)

**Details of Current Sight Test**

							Date:	
	Vision	Sph	Cyl	Axis	Prism	Add	VA	Near VA
Right Eye								
Left Eye								

**Clinical Findings: Reasons for Suspecting Glaucoma**

<i>Please circle or complete</i>	Right Eye	Left Eye		Right Eye	Left Eye
Visual fields performed?	Yes / No / Unreliable	Yes / No / Unreliable	IOP this visit: Time:	mmHg	mmHg
Visual field (enclose plot)	Normal / Suspect / Abnormal	Normal / Suspect / Abnormal			
Defect confirmed on repeat?	Yes / Not repeated	Yes / Not repeated	Tonometer Used	<input type="checkbox"/> Goldmann <input type="checkbox"/> NCT model: _____ <input type="checkbox"/> Perkins <input type="checkbox"/> iCare <input type="checkbox"/> Other: _____	
C:D ratio / vertical disc size	/ mm	/ mm			
Optic Disc / Neuro-retinal rim	Normal / Suspect / Abnormal	Normal / Suspect / Abnormal			
Van Herrick AC grading	Open (III-IV) / Narrow (I-II)	Open (III-IV) / Narrow (I-II)	Previous IOP:	mmHg	mmHg
If narrow – any symptoms?	None / brow-ache / haloes / other:		Date & Time:		
Other signs/risk factors (e.g. +ve FH, disc haem, PXF, PDS)					
Any other comments:					

**Reason for Referral & Referral Refinement Check**

**Referrals for an isolated abnormal finding of raised IOP will only be accepted following refinement with Goldmann Tonometry. You must complete this section in full or your referral may be rejected.**

Reason for Referral (tick all that apply)	✓	Referral Refinement Check (Suspected OHT referrals only)
Suspected narrow anterior chamber angles		* If you checked this box, please select ONE of the following: <input type="checkbox"/> IOP ≥32mmHg in one/both eyes with Goldmann Tonometry on ONE or more occasions <input type="checkbox"/> IOP ≥24mmHg in one/both eyes with Goldmann Tonometry on TWO or more separate occasions <input type="checkbox"/> Pt's CCG has not commissioned a Level 1c scheme Name of CCG: .....
Suspected glaucomatous optic nerve head changes		
Suspected glaucomatous visual field defect		
Suspected OHT * (complete 'Referral Refinement Check' also)		

Referring Optometrist:	PRINT Name:	Signature:	GOC No: 01-	Date:
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Name & Address of GP		Name & Address of Optometrist	
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