

NNUH SUSPECT WET AMD RAPID ACCESS REFERRAL FORM

Note: This form should be used ONLY for cases of:

- Suspected Wet AMD in patients aged 50 years or over (with VA of 6/96 or better), or
- Suspected Choroidal Neo-Vascularisation (CNV) in eyes with myopia >-6.00D myopia (and VA of 6/96 or better)

Send completed form via email to OPServicesPostTeam@nnuh.nhs.uk (from an NHSmail account)

PATIENT DETAILS:

FAMILY NAME: GIVEN NAME: ADDRESS: POST CODE:		HOSP NO: (If known)) DOB: TEL:	
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GP DETAILS:

GP NAME:	GP SURGERY:
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OPTOMETRIST'S DETAILS:

NAME: GOC NO: TEL:	PRACTICE: ADDRESS: NHSMAIL:	@nhs.net
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CLINICAL DETAILS (complete all applicable fields and check boxes where appropriate)

BEST CORRECT VISUAL ACUITY (Snellen)	RIGHT:	LEFT:
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AFFECTED EYE(S):	RIGHT: <input type="checkbox"/>	LEFT: <input type="checkbox"/>
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RELEVANT OCULAR HISTORY: PREVIOUS AMD MYOPIA>-6.00D OTHER :

SYMPTOMS: (in affected eye)	<input type="checkbox"/> REDUCED VISION <input type="checkbox"/> SPONTANEOUSLY REPORTED DISTORTION <input type="checkbox"/> SCOTOMA OR BLURRED SPOT IN CENTRAL VISION <input type="checkbox"/> OTHER: <input type="checkbox"/> NONE
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SIGNS: (in affected eye)	<input type="checkbox"/> MACULAR HAEMORRHAGE <input type="checkbox"/> MACULAR OEDEMA / ELEVATION <input type="checkbox"/> EXUDATE <input type="checkbox"/> OTHER: <input type="checkbox"/> NONE
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OCT FINDINGS: (in affected eye)	<input type="checkbox"/> INTRA-RETINAL FLUID (oedema / cysts) <input type="checkbox"/> SUB-RETINAL FLUID <input type="checkbox"/> OTHER: <input type="checkbox"/> I DON'T HAVE ACCESS TO AN OCT INSTRUMENT
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CHECK LIST:

1) Does the affected eye(s) have a visual acuity of at least 6/96?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Does the affected eye(s) have signs and/or symptoms consistent with Wet-AMD*	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*or Choroidal Neovascularisation in eyes with myopia >-6.00D

**YOU SHOULD HAVE ANSWERED 'YES' TO BOTH OF THE ABOVE QUESTIONS
IF NOT, PLEASE CONSIDER WHETHER A LESS URGENT REFERRAL, OR NO REFERRAL WOULD BE APPROPRIATE**

ANY ADDITIONAL COMMENTS / INFORMATION:

Referral Guidance: www.nnuh.nhs.uk/departments/eye-department/for-community-optometrists/referral-guidance/

