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| Norfolk & Norwich University Hospitals NHS Foundation TrustSuspect Glaucoma Direct Referral Form |
| Email direct to NNUH: 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        | Hosp No:       |
| 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 |
| ***Please circle or complete*** | **Right Eye** | **Left Eye** |  | **Right Eye** | **Left Eye** |
| Visual fields performed? |  |  | IOP this visit:Time: |       mmHg |       mmHg |
| Visual field (enclose plot) |  |  |  |       |
| Defect confirmed on repeat? |  |  | TonometerUsed | [ ]  Goldmann [ ]  NCT model: \_\_\_\_\_\_\_\_\_\_\_\_[ ]  Perkins [ ]  iCare[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C:D ratio / vertical disc size |       /       mm |       /       mm |  |  |
| Optic Disc / Neuro-retinal rim |  |  |  |  |
| Limbal AC depth |  |  | Previous IOP:Date & Time: |       mmHg |       mmHg |
| If narrow, any symptoms? |        |  |             |
| If narrow, any “plus” factors? |   |
| 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** (check all that apply) | [x]  | **Referral Refinement Check** (Suspected OHT referrals only) |
| Limbal AC depth <25% AND symptoms OR 1+ ‘plus factors’ | [ ]  | \* If you checked this box, please select ONE of the following:[ ]  IOP ≥32mmHg in one/both eyes with Goldmann Tonometry on ONE or more occasions[ ]  IOP ≥24mmHg in one/both eyes with Goldmann Tonometry on TWO or more separate occasions[ ]  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: | PRINTName:      | Signature:      | GOC No: 01-      | Date:      |
| Name & Address of GP |  | Name & Address of Optometrist |  |

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