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| **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**](mailto:OPServicesPostTeam@nnuh.nhs.uk) **(from an NHSmail account)** | | | | | | | | | |
| **PATIENT DETAILS:** | | | | | | | | | |
| FAMILY NAME:  GIVEN NAME:  ADDRESS:  POST CODE: |  | | | | | HOSP NO:  (If known)  DOB:  TEL: | |  | |
| **GP DETAILS:** | | | | | | | | | |
| GP NAME: |  | | | GP SURGERY: | |  | | | |
| **OPTOMETRIST’S DETAILS:** | | | | | | | | | |
| NAME:  GOC NO:  TEL: |  | | | PRACTICE:  ADDRESS:  NHSMAIL: | @nhs.net | | | | |
| **CLINICAL DETAILS** (complete all applicable fields and check boxes where appropriate) | | | | | | | | | |
| DATE OF SIGHT TEST | |  | | DATE OF REFERRAL | | |  | | |
| BEST CORRECT VISUAL ACUITY (Snellen) | | | | RIGHT: | | | LEFT: | | |
| AFFECTED EYE(S): | | | | RIGHT: | | | LEFT: | | |
| RELEVANT OCULAR HISTORY: PREVIOUS AMD  MYOPIA>-6.00D  OTHER : | | | | | | | | | |
| SYMPTOMS:  (in affected eye) | | | REDUCED VISION  SPONTANEOUSLY REPORTED DISTORTION  SCOTOMA OR BLURRED SPOT IN CENTRAL VISION  OTHER:  NONE | | | | | | |
| SIGNS:  (in affected eye) | | | MACULAR HAEMORRHAGE  MACULAR OEDEMA / ELEVATION  EXUDATE  OTHER:  NONE | | | | | | |
| OCT FINDINGS:  (in affected eye) | | | INTRA-RETINAL FLUID (oedema / cysts)  SUB-RETINAL FLUID  OTHER:  I DON’T HAVE ACCESS TO AN OCT INSTRUMENT | | | | | | |
| **CHECK LIST:** | | | | | | | | | |
| 1. Does the affected eye(s) have a visual acuity of at least 6/96? 2. Does the affected eye(s) have signs and/or symptoms consistent with Wet-AMD\*   \*or Choroidal Neovascularisation in eyes with myopia >-6.00D | | | | | | | | | Yes  No  Yes  No |
| **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:** | | | | | | | | | |
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| Referral Guidance: [www.nnuh.nhs.uk/departments/eye-department/for-community-optometrists/referral-guidance/](http://www.nnuh.nhs.uk/departments/eye-department/for-community-optometrists/referral-guidance/) | | | | | | | | | |

