

Glaucoma IOP Referral Refinement Form - SWIN1



Fax to: 01793 704706 Swindon CCG Referral Support Centre

Phone: 01793 683777 to confirm receipt of your fax

Copy to: Patient's records

Patient's GP **Note to GP: There is no requirement for the GP to take action with this referral, but please forward any helpful information regarding this patient to the Referral Support Centre.**

Please complete only for patients with IOP >21mmHg, but no other signs of glaucoma.

I confirm Visual Fields and Disc Appearance are normal. If abnormal, refer without refinement.

Patient's Details				Referring Optometrist			
Title:	Male <input type="checkbox"/>	Female <input type="checkbox"/>		Name:			
First Name:				GOC No:			
Last Name:				Practice:			
DOB dd/mm/yyyy:				Phone:			
NHS Number (if known)				Patient's General Practitioner (Swindon GP only)			
Address:				GP Name:			
Postcode:				Surgery:			
Phone:							

Current Prescription

Date of Examination:

	Uncorrected V	Sph	Cyl	Axis	Prism	VA	Add	Near VA	Previous VA
R									
L									

RIGHT

LEFT

Sight test and 1st tonometry reading	Date:	Time:
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IOP (mmHg) Sight test									
Readings:	1:	2:	3:	4:	1:	2:	3:	4:	
Mean IOP:									
Action:	<ul style="list-style-type: none"> • Mean IOP >21mmHg, proceed immediately to 1st Goldmann Applanation Tonometry • Mean IOP ≤21mmHg, recall as appropriate. 								

IOP (mmHg) 1st Goldmann		
I confirm calibration of the tonometer is in accordance with manufacturer's instructions <input type="checkbox"/>		
I confirm error is less than ± 0.5mmHg at 0mmHg, 20mmHg and 60mmHg <input type="checkbox"/>		
Readings:	1:	1:
Action:	<ul style="list-style-type: none"> • ≤21mmHg with < 5mmHg difference, recall as appropriate. Do not proceed to 2nd Goldmann Applanation Tonometry. Do not refer. Fax this form to Referral Support Centre (number above) for payment. • ≤21mmHg with ≥ 5mmHg difference, proceed to 2nd Goldmann Applanation Tonometry at a separate appointment. • 22-31mmHg, proceed to 2nd Goldmann Applanation Tonometry at a separate appointment. • >31mmHg, fax this form to Referral Support Centre (number above) to refer and for payment. 	

IOP (mmHg) 2nd Goldmann			
I confirm calibration of the tonometer is in accordance with manufacturer's instructions <input type="checkbox"/>			
I confirm error is less than ± 0.5mmHg at 0mmHg, 20mmHg and 60mmHg <input type="checkbox"/>			
Readings:	1:	1:	Must be at least 1 week after 1st GAT
Action:	<ul style="list-style-type: none"> • Any age with ≤21mmHg, Age 65-79 with 22-24mmHg and Age ≥80 with 22-25mmHg - recall as appropriate. Do not refer. Fax this form to Referral Support Centre (number above) for payment. • Age <65 with >21mmHg, Age 65-79 with >24mmHg and Age ≥80 with >25mmHg - fax this form to Referral Support Centre (number above) to refer and for payment. • ≤21mmHg with ≥5mmHg difference, consider referral if no explanation. 		

Family History:	Other Risk Factors:
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Additional Comments:

Is the patient to be referred? (Please circle)	Y	Fax this form to Referral Support Centre (01793 704706) to refer and for payment.
	N	Fax this form to Referral Support Centre (01793 704706) for payment.

Are you registered with Swindon CCG as a provider of Glaucoma IOP Referral Refinement? If not, call 01793 683700.	
Optometrist Signature	Date
<input type="checkbox"/> I have given the patient a Swindon CCG Information Leaflet on Glaucoma <input type="checkbox"/> The patient or guardian consents to information being exchanged between ophthalmologist referred to, GP and optometrist.	