

Glaucoma IOP Referral Refinement Form - SWIN2 -

only to be used for patient referred from unaccredited optometrist in a different optician practice



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.

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:				
Postcode:			GP Name:	
Phone:			Surgery:	
Non-accredited Optometrist -who referred patient as a result of IOP >21 mmHg at sight test with optic nerve and visual field normal				
Name:			GOC No:	
Practice:				

IOP (mmHg) Goldmann	Date:	Time:
I confirm calibration of the tonometer is in accordance with manufacturer's instructions <input type="checkbox"/>		
I confirm error is less than ± 0.5 mmHg at 0mmHg, 20mmHg and 60mmHg <input type="checkbox"/>		
RIGHT		LEFT
Readings:	1:	1:

Assessment	Result
Disc Appearance	Normal / Abnormal
Visual Fields	Normal / Abnormal Include plot if referring patient.
Van Herick's	Grade 1 or less: Yes / No

Recommendation: (please circle)	Not to refer	Refer OHT (> 21mmHg or ≥ 5mmHg difference)	Refer suspect COAG
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Family History:	Other Risk Factors:
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. <input type="checkbox"/> I have informed the patient's GP of my decision on whether I am referring the patient. <input type="checkbox"/> I have informed the referring non-accredited optometrist of my decision on whether I am referring the patient.	