

OHT Monitoring Form - only to be used for patient diagnosed with OHT and discharged from Great Western Hospital with care plan



Fax to: 01793 704706 NHS Swindon Referral Support Centre
Phone: 01793 683777 to confirm receipt of your fax
Copy to: Patient's records

Patient's Details			Monitoring 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:				

Date of Examination:

I confirm calibration of the Goldmann tonometer is in accordance with manufacturer's instructions
 I confirm error is less than $\pm 0.5\text{mmHg}$ at 0mmHg, 20mmHg and 60mmHg

Assessment	Result	
	RIGHT	LEFT
Visual Acuity		
Goldmann IOP		
Optic Disc Appearance	Normal / Abnormal	Normal / Abnormal
Visual Fields (include plot if abnormal)	Normal / Abnormal	Normal / Abnormal
Van Herick's (Grade 1 or less)	Yes / No	Yes / No

Recommendation: (please delete) Continue to monitor by optometrist in 12 months
 Refer back to Eye Clinic, Great Western Hospital

Additional Comments:

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

Are you registered with NHS Swindon as a provider of Glaucoma OHT Monitoring? If not, call 01793 683700.

Optometrist Signature	Date
<input type="checkbox"/> I have given the patient a NHS Swindon CCG Information Leaflet on Glaucoma (if the patient is to be referred) <input type="checkbox"/> The patient or guardian consents to information being exchanged between ophthalmologist, GP and optometrist. <input type="checkbox"/> I have informed the patient's GP of the outcome of the assessment. <input type="checkbox"/> I have informed the original referring optometrist of the outcome of the assessment (if known).	

