



**Audit Form**

Patient's NHS Number	Patient's GP Practice	OUTCOME following Referral Refinement					If pupil dilation necessary	
		Direct referral to pre-op - excluding pupil dilation	Direct referral to pre-op - including pupil dilation	Referral to general clinic - excluding pupil dilation	Referral to general clinic - including pupil dilation	Not referred	Patient dilated at initial appointment	Patient dilated at second appointment

Name of Optometrist:	Practice:
GOC No:	GOS List No:
Period Covered:	Date:

**This form should be returned, by 2 weeks after the end of each quarter (ie by 14th April, 14th July, 14th October, 14th January), to:  
Liz Hews, Performance Improvement Manager, Swindon PCT, North Swindon District Centre, Thamesdown Drive, Swindon, SN25 4AN**