**Fast Track AMD – Retinal Service Referral form**

**NORTH MIDDLESEX UNIVERSITY HOSPITAL**

**This form is the Fast track AMD treatment pathway. Please ensure you have completed the following information on your referral:**

|  |  |
| --- | --- |
| Date of referral: | **Referral Source:**  Referring Optometrist name:  Practise address |
| Patient name & Address:  DOB:  Contact No.  NHS number: |
| GP details:  (Name & address) | |

**Reason for Urgent referral (at least one sign)**

Sub retinal fluid Yes/No Macular Haemorrhage Yes/No

Macular Oedema Yes/No Wet AMD Proliferative Yes/No

Other: Yes/No -------------------------------------

**Referrers’ declaration**

|  |
| --- |
| □ I certify that this patient satisfies the above referral criteria for Urgent assessment. I have advised the patient to call the Urgent Eye care at North Middlesex University hospital 0208887 2466 / 0208887 2274/ 02028887 3417 in case the HES referral fails to issue fast track appointment within 7 days |
| Referrers signature: |
| □ Consent: I give consent for my optometrist to send this via their normal practice email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Assessment**

Date ……………………………………….if not the same as above

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REFRACTION | Sphere | Cyl | Axis | VA |  | Sphere | Cyl | Axis | **VA** |  |
| ***RIGHT*** |  |  |  |  | Distance |  |  |  |  | *LEFT* |
|  |  |  |  |  | Near |  |  |  |  |  |

Previous VA’s : R) L)

IOP R) mmHg L) mmHg

Please state type of tonometry ………………………………..

Comments :

**PLEASE EMAIL THIS FORM TO:** [**northmid.ophthalmology@nhs.net**](mailto:northmid.ophthalmology@nhs.net)

**For Urgent enquiries please call the NMUH Ophthalmology advice line**

0208887 2466 / 0208887 2274/ 02028887 3417

**Next steps**

* Please give patient the NMUH Fast track retinal service leaflet.
* The referring optometrist will be the first safety net i.e. the patients will be advised to come back to referrer if they have not heard from trust within a week

Please make this clear to the patient to contact you if they have not heard from the hospital within in one week of the referral. Please then contact us with the details above.

* You will receive a copy of the outcome letter after the diagnostics have been undertaken.