

[] Please contact the patient if they do not contact you or do not attend

NHS Number:		CONSULTATION DATE (dd/mm/yyyy): 30/06/2022								
Patient Details										
Title: Mr	DOB: 15/08/1947		Address: 6 Eddeys Lane							
Surname:	O'Gorman	Tel (H): 01428713624		Headley Down						
First Names:	Frank	Tel (M): 07410955305								
		Other:		Post Code: GU35 8HU						
GP Details					Optometrist Details					
Name:	Grayshott Surgery Boundary Road Hindhead surrey gu266ty				Name:	Ms Subreena Ashraf				
Address:					Address:	Asda Opticians Lower Earley Reading Berkshire				
Email:	surrey gu266ty				Email:	Reading Berkshire				
Tel:					Tel:					
Latest Spectacle Prescription										
Rx	Vision	Sph	Cyl	Axis	VA	Dist. Prism	PH Acuity	Add	Nr. Prism	Near VA
RE	N/A	+2.00	-1.00	95	5-	N/A		+2.25		@ cm
LE	N/A	+2.00	-0.75	100	7.5	N/A		+2.25		@ cm
Mydriases		Intraocular Pressure (IOP)								
[] Yes [] No		RE: 18.2		LE: 22.2		Time:		Contact [] Non-Contact []		
V. Fields	RE:	[] Attached			Imaging	RE:	[] Attached			
Method:	LE:	[] Attached			Method:	LE:	[] Attached			
Salient Symptoms, Signs, History, Clinical Findings, Reason for Referral and Provisional Diagnosis										
<p>Px has history of corneal degeneration in LE, diagnosed and discharged 10yrs+ ago.</p> <p>Today there appears to be similar corneal degeneration in his RE and a small indentation/scar(?) in his central cornea, showing pitting/depression. (no history of Fb trauma or infiltrate)</p> <p>His optic nerves are also considerably cupped (change of approx 0.2 CD ratio change since LEE in 2018. Current Re 0.6 LE 0.65, ISNT not obeyed, superior cupping in both), pale, with high but consistent IOPS and visual fields plots showing enlarged blind spots.</p> <p>Owing to the above please refer Mr O'Gorman for routine glaucoma and separately for anterior eye/corneal assessment to confirm diagnosis and any treatment options if possible. As he is out of our catchment area I am referring directly into your care.</p> <p style="text-align: center;">Kind Regards</p> <p style="text-align: center;">Provisional Diagnosis: referrals for corneal degeneration and suspect glaucoma.</p>										
I agree that any practitioner to whom I am referred for medical consultation and or treatment may make any information relevant to my eye condition and its treatment available to my optometrist. Signed..... Date.....										
To GP [x] [] For Review and management/refer as appropriate										
[x] Please refer to HES as indicated below [] Notification only – Not a referral										
To HES [] [] Ocular Emergency – to Hospital A&E Eye Service [] Urgent – to HES within 1 week										
[] Soon – To HES within 4 weeks [x] Routine – to HES within 12 weeks										
Suggested Clinic Type										
<input type="checkbox"/> Cataract <input type="checkbox"/> Low Vision <input type="checkbox"/> Orthoptics <input type="checkbox"/> Paed. General Ophth <input checked="" type="checkbox"/> Cornea & Ant. Seg. <input type="checkbox"/> Macula (ARC Wolves) <input type="checkbox"/> Other Medical Retin <input type="checkbox"/> Paed. Orthoptics AND <input type="checkbox"/> Oncology (Diagnosed) <input type="checkbox"/> Squint/ocular Motill <input type="checkbox"/> General Ophthalmology <input checked="" type="checkbox"/> Glaucoma/OHT <input type="checkbox"/> Oculoplastic/Orb./Lac <input type="checkbox"/> Vitreo-Retinal (not otherwise specified)										
Optometrists Name: Ms S Ashraf						Date: 30th June 2022				
Signature						GOC No: 01-25296				

Please obtain consent from the patient if not already given, and provide feedback to the referring optometrist

Referral Letter: [] Patient Copy [] Posted to GP [] Handed to Pc to take to GP/HES [] Faxed to HES

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