

# OPTOMETRIST REPORT TO GENERAL PRACTITIONER

Referral		Notification	
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PATIENT		GP		OPTOMETRIST	
Name:		Name:		Name:	
DOB:					
Address		Address:		Address	
Tel:		Tel:		Tel:	

Current Rx	Unaided VA	Sph	Cyl	Axis	Prism	VA	Add	Near VA	IOP
Right									
Left									

Previous Rx Date:	Vision	Sph	Cyl	Axis	Prism	VA	Add	Near VA	Previous IOP
Right									
Left									

## SYMPTOMS and SIGNS

Presenting date:

Presenting  
Complaint:

Previous Ocular  
History:

Findings :

Symptom Duration:

Asymptomatic Finding:

*Place a tick in the appropriate box*

PROVISIONAL DIAGNOSIS	Visual Field Plot attached	Yes		No	
	Mydriasis	Yes		No	
ACTIONS / RECOMMENDATIONS	Routine		Soon		Urgent
Patient has been informed and referral explained:			Yes		No
Optometrists Signature:			Date:		
GP – Please enter NHS number and attach any relevant information on letter/printout. NHS Number:					