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

**Royal Free London NHS Foundation Trust**

**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 & DOBAddress: Contact No.NHS number:  |
| GP details:(Name & address) |

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

 Sub retinal fluid Yes Macular Haemorrhage No

Macular Oedema Yes Wet AMD Proliferative Yes

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 Wet AMD Coordinator at Royal Free hospital on 020 7794 0500 ext. 31333 (9am - 5pm Monday- Friday) 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) L)

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

Comments

**PLEASE EMAIL THIS FORM TO: rf-tr.amdurgentreferral@nhs.net**

**Next steps**

* Please give patient the RFL Fast track retinal service leaflet.
* The referring optometrist will be a safety-net, but the patients will be advised to call –

020 7794 0500 ext. 31333 (9am- 5pm M to F) 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 AND cannot get through to the number above.

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