**MOORFIELDS SGH – URGENT CARE EYE CLINIC REFERRAL FORM**

**Date of referral:** Click or tap here to enter text.

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| **Patient Details** | | **Referrer Details** | | | |
| **NHS/Hospital No:** Click or tap here to enter text.  **First Name:**Click or tap here to enter text.  **Surname:**Click or tap here to enter text.  **DOB:**Click or tap here to enter text.  **Address:**Patient ward location if in-patient  **Postcode:**Click or tap here to enter text.  **Contact No:**Please make sure this is correct  **Email:**Optional | | **Name:**Click or tap here to enter text.  **Role:**Please choose from below.  **Address:**Click or tap here to enter text.  **Postcode:**Click or tap here to enter text.  **Contact No:**Click or tap here to enter text.  **Email:**Click or tap here to enter text. | | | |
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| **Is the patient an:** | **Inpatient** | | | **Outpatient** | |
| **COVID-19 status:** | **Confirmed/suspected COVID** | | | **No risk** | |
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| **Presenting Complaint:**  Click or tap here to enter text. | | | | | |
| **Duration of Symptoms:** | **24-48 hours** | | **1 Week** | | **2 Weeks** |
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| **Visual Acuity:**  Best corrected vision should be tested in ALL patients | **Right Eye**  Please choose an option or state why visual acuity was not assessed. | | | **Left Eye**  Please choose an option or state why visual acuity was not assessed. | |
| **Clinical findings and other relevant history (Insert photos, visual fields, scans if necessary on page 2 ):**  Click or tap here to enter text. | | | | | |
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| * **Please ensure that all fields are completed, incomplete forms will be rejected** * **Email to:** [**moorfields.sghurgentcare@nhs.net**](mailto:moorfields.sghurgentcare@nhs.net) * **We will triage and contact the patient directly with an appointment/advise on alternative services/treatment** * Walk-in patients will be re-directed back to the referrer   **If same day review is required, please email the form and also telephone us on 02082666115** | | | | | |
| **This clinic is for adults and children that you feel have a sight-threatening ophthalmological condition that requires urgent hospital care** (including but not exclusive: penetrating/severe blunt trauma, chemical injury, acute angle closure, sudden onset diplopia, acute post-op complications).  **Minor Eye Care Service (MECS) REFERRAL GUIDE:**   * For patients with **non-urgent sight or life-threatening conditions who are registered with a GP in Merton/Wandsworth, Richmond and Kingston**, please refer to one of the high street opticians participating in the MECS (link below) * [**http://www.primaryeyecare.co.uk/find-a-practice/**](http://www.primaryeyecare.co.uk/find-a-practice/) * If you are unsure whether your patient fits the criteria please complete this form - it will be triaged according to clinical need and we can advise on further management.   **Moorfields at St George’s Urgent Care Clinic opening hours are: Monday-Friday, 08:30-20:30.** | | | | | |
| **PHOTO / VISUAL FIELDS / SCANS** | | | | | |