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| **Patient Details** | | **Referrer Details** | |
| **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.  **NHS Number:** Click or tap here to enter text.  **Address:** Click or tap here to enter text.  **Postcode:**Click or tap here to enter text.  **Contact number:**Click or tap here to enter text. | | **Name:**Click or tap here to enter text.  **Role:** Click or tap here to enter text.  **Contact number/bleep:**Click or tap here to enter text.  **Consultant in charge:** Click or tap here to enter text. | |
|  | | | |
| **Patient Location (Ward, Bay/Bed)** | Click or tap here to enter text. | | |
| **Ward extension number** | Click or tap here to enter text. | | |
| **Why was patient admitted to hospital?** | Click or tap here to enter text. | | |
| **Can the patient come to the eye clinic by walking / wheelchair?** Beds are unsuitable for Moorfields. | Yes  No – state why: Click or tap here to enter text. | | |
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| **Why is an urgent Ophthalmology review being requested?**  Click or tap here to enter text. | | | |
| **Are the symptoms in one eye, or both eyes?**  Right eye  Left eye  Both eyes | | | |
| **What symptoms or signs does the patient have?** (select any that apply)  Eye pain Flashing lights  Gritty eye/foreign body sensation Floaters  Red eye Field defect  Blurred vision Corneal opacity  Loss of vision Eyelid swelling  Double vision Other: Click or tap here to enter text. | | | |
| **Duration of Symptoms:** (select one option)  <48 hours <1 week <2 weeks <4 weeks Other Click or tap here to enter text. | | | |
| **Is the patient on any eye drops/treatment?**  None or not applicable  Yes. Please specify: Click or tap here to enter text. | | | |
| **Past ocular history**  None  Yes. Please specify: Click or tap here to enter text. | | | |
| **Past medical history**  None  Yes. Please specify: Click or tap here to enter text. | | | |
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| **Visual Acuity:**  To be tested in ALL patients unless they cannot do the test (eg intubated, confused) – with spectacles if they have them | **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. |
| ***OPTIONAL:* Any additional information that may be helpful for the ophthalmologist triaging this referral**  Photos can be inserted if applicable/if you wish  Click or tap here to enter text. | | | |
|  | | | |
| **Save this form and email to:  Moorfields Ealing -** [**meh-tr.ealingreferrals@nhs.net**](mailto:meh-tr.ealingreferrals@nhs.net)  **Moorfields Northwick Park -** [**meh-tr.mehnp.referrals@nhs.net**](mailto:meh-tr.mehnp.referrals@nhs.net)  **This inbox is checked at 9am and 1pm Monday-Friday.**  We will triage and contact the ward directly with an appointment (either urgently whilst an inpatient, or as outpatient if non-urgent).  Please note that Moorfields North (Northwick Park and Ealing) **do not have an Urgent Care Ophthalmology Service, patients are seen as extras on top of pre-existing routine clinics.**  If you have not received a response to your referral after 24 hours (NB: we only triage Monday-Friday), our contact details are:  Moorfields Ealing – 0208 967 5766 or Ext 5766  Moorfields Northwick Park – 0207 702 5543  For emergency out-of-hours Ophthalmology advice:   * Patient known to Moorfields:   + Moorfields Eye Hospital A&E 0207 566 2345 (direct A&E line) or 0207 253 3411 (Switchboard) * Patient not known to Moorfields:   + Western Eye Hospital A&E 020 3312 5791 or 020 3312 3245 | | | |
| This referral form is for **inpatients only.** Referrals for outpatients can be directly sent to Moofields (with a referral letter), or via the patient’s GP or optician. These will be triaged accordingly through a different pathway. | | | |
| **VISUAL ACUITY TESTING**  This allows us to triage referrals appropriately. A reduced Snellen chart (A4 size) can be found + printed here, to be used at 3 metres. It is also included as an appendix to this form.  <https://ascendbroking.co.uk/wp-content/uploads/2020/02/Snellen-Eyesight-Chart.pdf>  There are also smartphone apps that can be used to test visual acuity, for example:  Peek Acuity  Eye Handbook | | | |

**To be used at 3 meters**

**A close up of a chart

Description automatically generated**