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

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| **Patient Details** | **Referrer Details** |
| **First Name:**Click or tap here to enter text.**NHS Number:** 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. |
|  |
| **Is the patient an:** | [ ] **Inpatient** | [ ] **Outpatient** |
|  |
| **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. |
| **Needs review within:** | [ ] **Same day** | [ ] **1-2 days** | [ ] **1 week** | [ ] **2 weeks** |
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| **Please ensure that all fields are completed, incomplete forms will be rejected****Save the form as a PDF and email to:** **moorfields.croydonurgentcare@nhs.net****We will triage and contact the patient directly with an appointment/advise on alternative services****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 0208 401 3082** |
| **ABRIDGED REFERRAL GUIDE:**1. This clinic is for adults and children that you feel have a sight/life-threatening ophthalmological condition that requires hospital eye care within two weeks (including but not exclusive: penetrating/severe blunt trauma, chemical injury, sudden loss of vision, acute severe pain, acute angle closure, sudden onset diplopia, acute post-op complications)
2. For patients who meet Primary Eyecare Services (PES) referral criteria, and for non-urgent sight or life-threatening conditions, please refer to PES via OPERA or call 0330 128 1599 (for GPs refer via E-RS)
3. 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 next steps.
4. Moorfields Croydon Urgent Care Clinic opening hours are: Monday-Friday, 8:30-16:30. For out-of-hours referrals that require immediate hospital eye care, contact the on-call ophthalmology team at Moorfields St. George’s on 02087251794
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| **PHOTO / VISUAL FIELDS / SCANS** |