**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. | | | | |
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| **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** |
|  | | | | | | |
| **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**](mailto: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 | | | | | | |
| **PHOTO / VISUAL FIELDS / SCANS** | | | | | | |