|  |  |
| --- | --- |
| **PATIENT** | **REPORTING OPTOMETRIST / GP** |
| **Name**:  | Name:  |
| **Address**:  | Address:  |
|   |  |
| **NHS Number**: | Post Code:  |
| **Telephone No**:  | GOC No:  |
| **Date of Birth**:  | Date:  |
| **CURRENT PRESCRIPTION DETAILS** |  |
| **R**  | **VA** |  ADD | N |
| **L**  | **VA**  |  ADD  | N  |

|  |  |  |
| --- | --- | --- |
| **OPHTHALMIC STATUS** | R | L |
| Tonometry NCT/ Applanation |   |  |
|  | Time: |  |  |
| Anterior Chamber Abnormal | Yes / No | Yes / No |
| Optic Nerve Head  | Abnormal | Yes / No | Yes / No |
|  | Vertical C\D |  |  |
|  | Comment |  |  |
| Visual Field Test | Abnormal | Yes / No | Yes/No  |
|  | Enclosed | Yes / No | Yes / No |
| Family History Of Glaucoma |  |  |
| Additional CommentsExisting glaucoma px. WX/MEH/New px. | Medication/comments |
| **GP Details**( A copy will be automatically sent to the patients GP) |  | The Patient’s consent to information being exchanged has been obtained  |
|  |  | Patients Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |  | Self Audit / Progress Check |
|  |  |  |