|  |  |  |  |
| --- | --- | --- | --- |
| **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 Comments  Existing 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 | |
|  | | | |  |  | |