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

**Date of referral:** Click or tap here to enter text.

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| --- | --- |
| **Patient Details** | **Referrer Details** |
| **NHS/Hospital No:** Click or tap here to enter text.**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.**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** |
| **COVID-19 status:** | [ ] **Confirmed/suspected COVID** | [ ]  **No risk** |
|  |
| **Presenting Complaint:**Click or tap here to enter text. |
| **Duration of Symptoms:** | [ ] **24-48 hours** | [ ] **1 Week** | [ ] **2 Weeks** |
|  |
| **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. |
|  |
| * **Please ensure that all fields are completed, incomplete forms will be rejected**
* **Email to:** **moorfields.sghurgentcare@nhs.net**
* **We will triage and contact the patient directly with an appointment/advise on alternative services/treatment**
* 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 02082666115** |
| **This clinic is for adults and children that you feel have a sight-threatening ophthalmological condition that requires urgent hospital care** (including but not exclusive: penetrating/severe blunt trauma, chemical injury, acute angle closure, sudden onset diplopia, acute post-op complications).**Minor Eye Care Service (MECS) REFERRAL GUIDE:** * For patients with **non-urgent sight or life-threatening conditions who are registered with a GP in Merton/Wandsworth, Richmond and Kingston**, please refer to one of the high street opticians participating in the MECS (link below)
* [**http://www.primaryeyecare.co.uk/find-a-practice/**](http://www.primaryeyecare.co.uk/find-a-practice/)
* 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 further management.

**Moorfields at St George’s Urgent Care Clinic opening hours are: Monday-Friday, 08:30-20:30.** |
| **PHOTO / VISUAL FIELDS / SCANS** |