

Referral form from Pharmacist to Optometry Practice *

*Pharmacist: please complete this form and hand to patient with details of where to attend ***

Patient: Please phone your Optometry Practice and take this form with you to the appointment

Dear Optometry Practice***,

please can this patient be seen.

Date:

Patient name:

Date of Birth:

Address:

Telephone number:

Duration of symptoms:

1-2-3 days

Less than 1 week

Less than 1 month

Over 1 month

Which eye is affected:

Right eye only

Left eye only

Both eyes

Patient reports pain to be:

No pain

Mild pain

Moderate pain

Severe pain

Patient reports vision affected Y/N
(delete as appropriate)

Patient reports discharge Y/N
(delete as appropriate)

Sensitivity to light Y/N
(delete as appropriate)

Contact lens wearer Y/N
(delete as appropriate)

Any further additional information:

Many thanks

Pharmacist name:

GPhC number:

Pharmacy name:

Pharmacy address:

Pharmacy contact number:

Pharmacy email:

***Please note: consideration needs to be taken if attendance is appropriate and what other options may be suitable. Examples may include (but not limited to) COVID-19 pandemic, extreme weather conditions**

** <http://www.eyecare.wales.nhs.uk/home>

*****Optometry practice:** you should retain this referral form for your records