GOS18 Ophthalmic Referral/Information for GP

Please use black ink to fill in this form

Date of sight test ..... **Date of referral (if different)** .....

Optometrist/OMP Name and Practice Address

Post Code: _____ Tel: _____

NHS mail: _____

GP Name and Practice Address

Patient details ☑ ☐

Title Gender M / F

Surname

Forenames

Address

Post Code: _____

Telephone: _____

Date of Birth _____

NHS Number (if known) _____

GP Action required: (Also see "additional information" below)

- ☑ This letter is for INFORMATION ONLY
- ☐ Patient asked to telephone/visit GP
- ☐ Patient sent to Eye Casualty
- ☐ Advise Referral to Eye Dept **(URGENT)**
- ☐ Advise Referral to Eye Dept (Routine)

CHILDREN: Clinic Type suggested for referral to HES (tick most urgent one)

- ☐ Strabismus and Amblyopia
- ☐ Paediatric non-strabismus
- ☐ Orthoptic (only)

ADULTS (16 or older): Clinic Type suggested (tick most urgent one)

- ☐ Cataract
- ☐ Cornea
- ☐ Diabetic Medical Retina
- ☐ External Eye Disease
- ☐ Glaucoma
- ☐ Laser (YAG capsulotomy)
- ☐ Low Vision
- ☐ Oculoplastics / Orbits / Lacrimal
- ☐ Other Medical Retina (incl ARMD)
- ☐ Squint / Ocular motility
- ☐ Vitreoretinal
- ☐ Not Otherwise Specified

CLINICAL TERM(S):
Enter relevant keyword(s) (these are to help the GP to find correct HES service)

_____

_____

_____

_____

	Sph	Cyl	Axis	Prism	Base	VA	Pinhole	Add	Near Vision	Previous corrected VA on (date)
Right										
Left										

	Right eye	Left eye	
Visual fields	Normal/enclosed (if abnormal)	Normal/enclosed (if abnormal)	
Optic nerve heads	C:D	C:D	
Intraocular pressure Time_____	mm Hg	mm Hg	Applanation/non contact/ Other NCT

Additional information

Cycloplegic refraction ☐

Dilated fundus examination ☐

GOS 18 Part One – This part must accompany any referral made to an Eye Department

STATEMENT: The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner, and optometrist or ophthalmic medical practitioner (delete any not consented to).

If appropriate, Guardian's name and address_____

Signed (optometrist/OMP)_____GOC/GMC No_____

10-12-01 NHSBSA 035442

Optometrist Guidance

Most referrals to the HES are via "Choose and Book" (CaB). This system provides two ways for a GP surgery to find an appointment in the correct service (e.g. clinic). Please note that the person doing this booking may *not* be a doctor.

1. Via a "Clinic Type".
    a. These Clinic Types are fixed and are the same throughout England.
    b. When a Clinic Type is entered all the services linked to it are displayed. For a simple one (such as Cataract) this will show all the clinics seeing cataracts and nothing else.
    c. Other Clinic Types may result in a range of different clinics being offered. However these clinics may only see a subset of the conditions covered by the Clinic Type. For instance Oculoplastic / Orbit / Lacrimal may link to a nurse led cyst service, a lid malposition (entropion etc) service or a service exclusively for lacrimal problems.
    d. So if a range of different types of clinic are offered the surgery will need to select the correct one. They can do so on the basis of a "Clinic Term" you have entered (see below) and/or the additional information you put on the free text part of the form.
2. Via a Clinical Term.
    a. If a clinical term (such as "Entropion") is entered in the search field in CaB then this will show all the services which see patients with this problem or diagnosis.
    b. This is particularly useful for conditions that the GP may not recognise, such as "Keratoconus" or "Macular Dystrophy"

Please indicate only one "Clinic Type". However you may offer more than one Clinical Term. Please try to provide both a Clinic Type and Clinical Term for all patients.