

Ophthalmology Emergency Referral – Ward 6

[ward6aereferrals.elht@nhs.net](mailto:ward6aereferrals.elht@nhs.net)

Patient Details:					
Name		DOB		Gender	
NHS No		Hospital No			
Address		Post Code		UK Resident	
Mobile No		Home Tel		Date of Referral	
Main spoken language		Interpreter Required?		Any Known Allergies	
Referring Practitioner Name and Address:					

Presenting symptoms:	RE	LE	Duration
Sudden loss of vision			
Sudden loss of visual field			
Sudden onset central distortion (straight lines kinked/wavy)			
Sudden onset unilateral flashes/floaters			
Severe pain with nausea/red eye <i>or</i> on eye movement			
Sudden onset diplopia <2/52 (disappears on closing one eye)			
Recent post-operative Px with pain/deterioration of vision			
Presenting signs:	RE	LE	Duration
Corneal opacity in red eye with pain (esp in CL wearer)			
Painful eye with redness around the corneal margin			
Red eye with herpetic lesions in the periocular area			
Blunt trauma/injury			
Blow-out fracture			
Penetrating eye injury			
Chemical injury			
Retinal tear/hole/detachment			
Pre-septal cellulitis			
Corneal abrasion			
Suspect condition:			

Right Eye		Left Eye
	Vision/VA	
	Lids	
	Conjunctiva	
	Cornea	
	Pupils	
	Fundus	
	Intra-ocular pressure	

For Ward 6 use only	
Patient contacted:	Appointment:
Email reply sent to referring practitioner by:	Date: