

NHS LEEDS NORTH/WEST/SOUTH & EAST CCGs
OHTMS /OPTOMETRIST REPORTING/REFERRAL FORM

This patient was seen on dd/mm/yyyy on the Ocular Hypertension Monitoring Service

Patient's Details		Optometrist / Practice	
First name:		Optometrist:	
Last name:		OPL number:	
DOB:		Practice:	
NHS number:		Patient's GP	
Address:		GP name:	
Phone:		Practice:	
Mobile:		Practice code:	
Email:			
Date discharged from HES:			

Outcome/ Action required	Tick
1. Change in clinical status – direct referral to ophthalmology service provider	<input type="checkbox"/>
2. No change in clinical status – further assessment advised in 12 months	<input type="checkbox"/>
3. Discharged from scheme – monitoring no longer required as per protocol	<input type="checkbox"/>
4. Discharged from scheme – failed to attend on 2 consecutive occasions	<input type="checkbox"/>

Clinical findings	RE	LE
Visual Acuities		
IOPs (Goldman, mmHg)		
Optic nerve head appearance		
Visual fields		

Other relevant findings

Optometrist's Signature:	Date:
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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**).