

**GP information form**  WECS (2)

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| **Patient Details**  Title       Surname  Forename(s)  Address  Postcode  D.O.B.  NHS Number  Tel. | **Optometrist practice details**    Date of examination  Date of referral (if different) | |
|  | |  |
| **Principal subject:** | | |

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| **GP ACTION REQUIRED?** | |
|  | **NO** – Information only – see details below |
|  | **YES** - Additional investigations required by GP – see details below |
|  | **YES** - Referral of patient to:       – see details below |
|  | **YES** – Patient has dry eye and requires artificial teardrops.  I have recommended       to be used  They will / will not require them to be added to their repeat prescription |
|  | **YES** – Other:       – see details below |
|  | |
|  | Patient has experienced Floaters/photopsia. The cause appears to be posterior vitreous detachment (PVD). There are no signs of retinal detachment, or tears. Schafers sign is negative. I have re-assured them and given appropriate warnings on the symptoms of retinal detachment. |
|  | I examined the patient through WECS as they are at higher risk of eye disease due to Race/uniocular/hearing impaired/retinitis pigmentosa. All findings were normal. |
|  | I have performed further investigations following a sight test. All findings were normal |
|  | Other |
| Reason  Findings  Action/advice | |

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| --- | --- |
| Signed  Print Name | List/GOC number  Date |

For the attention of       (Dr)       (Practice)       (Town)