

 **GP information form**  WECS (2)

|  |  |
| --- | --- |
| **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:** |

|  |
| --- |
| **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       |

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

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