

To be completed in all cases and emailed to: scwcsu.optometry@nhs.net

PATIENT DETAILS		<input type="checkbox"/> Onward referral to:		
First name:		Last name:		
DOB:		NHS number:		
Address:		Patient Tel:		
Postcode:				
GP Practice:		Copy of IOP Service leaflet given: <input type="checkbox"/>		
MEASUREMENTS				
IOP Measurements (average of 4 readings):	RE	mmHg	LE	mmHg
	Date:		Time:	
Method:				(eg NCT or Goldmann)
Best Corrected Visual Acuities	RE			LE
I understand and accept that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I consent to the disclosure of relevant information for the purpose of verification of this claim and in relation to the prevention and detection of fraud				
Optometrist Name:			Performer No.:	
Optometrist Signature:			Practice Name:	

PATIENT RECORD CARD – To be completed at 1st appointment with IOP service

PATIENT CONSENT			
I certify that I have been examined by this optometrist on (date): I understand that this Patient Record Card will be forwarded to the Referral Management Centre for payment purposes			
Patient Name (Print):		Patient Signature:	
If you are incapable of signing, your carer or guardian should complete the following:			
Carer/Guardian signature:			
Carer/Guardian name & address:			
First/First in chair - Goldmann Applanation Tonometry Measurement		Repeat Goldmann Applanation Tonometry Measurement	
OR if not applicable (i.e. Where referring optometrist measured IOPs using GAT) <input type="checkbox"/>			
RE	mmHg	LE	mmHg
RE	mmHg	LE	mmHg
Date Measured:		Date Measured:	
Time Measured:		Time Measured:	
Method:		Method:	
Drugs/Agents Used:		Drugs/Agents Used:	
I am claiming for the following procedure:		OUTCOME	
First 'in the chair' GAT only:	<input type="checkbox"/> 1	IOPs < 24: discharged to normal F/U with referring Optometrist:	<input type="checkbox"/> 5
First GAT Only:	<input type="checkbox"/> 2	IOPs > 24 and < 32: recommended referral to HES for referring optometrist via GP:	<input type="checkbox"/> 6
First 'in the chair' GAT and repeat GAT:	<input type="checkbox"/> 3	IOPs ≥ 32 as above	<input type="checkbox"/> 7
First GAT and Repeat GAT:	<input type="checkbox"/> 4	IOPs ≥ 40 refer urgently to HES	<input type="checkbox"/> 8
		Patient did not attend	<input type="checkbox"/> 9
OPTOMETRIST DECLARATION:			
Name:	Signature:	OPL No:	
Copy of OPRC emailed to: REFERRING OPTOMETRIST		<input type="checkbox"/>	GP (OUTCOMES 6&7) <input type="checkbox"/>

Please ensure all IOP RRS Optometric Record Cards are kept at your practice for audit purposes. All IOP RRS Optometric Record Cards should be emailed to: scwcsu.optometry@nhs.net