**Referral to Urgent Eye Casualty, Salisbury District Hospital**

Telephone: 01722 336262

Email: [sft.emergencyeyeclinic@nhs.net](mailto:sft.emergencyeyeclinic@nhs.net)

**The Referrer MUST phone the On-Call Eye Consultant before emailing the completed referral.**

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | NHS No. |  |
| Address |  | Date of Birth |  |
| Home Telephone |  |
| Work Telephone |  |
| Email |  | Mobile Telephone |  |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Referral |  |
| Base |  | Practice Code/ID |  |
| Address |  | Telephone |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes |  | No |  | Wheelchair access required? | Yes |  | No |  |
| Language: |  | | | | Learning Disability: |  | | | |
| Hearing: |  | | | | Other disability needing consideration: |  | | | |
| Vision: |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

**Referred To:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

**Reason for Referral:**

|  |
| --- |
|  |

**Further Details and Previous Consultations:**

|  |
| --- |
|  |

**Problems:** (Active Major)

|  |
| --- |
|  |

**Summary:** (All Current)

|  |
| --- |
|  |

**Allergies:**

|  |
| --- |
|  |

**Medication:**

|  |  |
| --- | --- |
|  |  |
|  |  |

**Social Issues That May Affect Discharge Planning**

e.g. Living alone, dependency, frailty, carer, cognitive impairment

|  |
| --- |
|  |

**Relationships**

|  |  |
| --- | --- |
| Carer |  |
| Care Co-ordinator |  |
| Next of Kin |  |
| L.Power of Attorney |  |
| Other |  |

**Key Information**

|  |  |
| --- | --- |
| Key Message / Special Note |  |
| Resuscitation Status |  |
| Treatment Escalation |  |

**Blood Results** (Last 12m):

|  |  |  |  |
| --- | --- | --- | --- |
| **FBC** |  | | |
| **UE** |  | | |
| **LFT** |  | | |
| **CRP** |  | **ESR** |  |
| **TFTs** |  | **INR** |  |
| **Bone** |  | | |
| **Iron** |  | | |
| **Vitamins** |  | | |
| **Lipids** |  | | |
| **Random Glucose** |  | **Fasting Chol.** |  |
| **Fasting Glucose** |  | **HbA1c** |  |