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

Telephone: 01722 336262

Email: 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** |       |