

Fax to: 01423 859669



North Yorkshire and York

Telephone: 0300 303 0060

Outcome Form

<p><b>Optometrists name/address/official stamp</b></p>     <p>Date of appointment:</p>	<p><b>Patient's details</b></p> <p>Name: Address</p>  <p>DOB: Tel no: NHS number: Ethnicity:</p>		
<p><b>Signature of optometrist</b></p> <p>Signed: Dated:</p>	<p><b>GP to provide prescription?</b></p> <p>Yes No</p>		
<p><b>Presenting complaint:</b></p>    			
VAR:	VAL:	RE:	LE:
IOP RE:	IOP LE:		
<p><b>Findings:</b> <i>(to include all relevant clinical information; use above boxes for drawings of fundus, disc etc)</i></p>    			
<p><b>Treatment/Recommendations:</b></p>   			
<p><b>Optometrist use only</b></p> <p>Discharge no treatment Refer to GP for treatment Routine hospital referral Urgent hospital referral Copy of report sent to NHS NYY Was referral appropriate? Initial diagnosis correct?</p>		<p><b>NHS NYY only</b></p> <p>Referral received Onward referral made? GP letter sent?</p>	