

Date of sight test ...15/08/2024.....

Date of referral (if different) .....

<b>Optometrist/OMP Name and Practice Address</b>  Philip Mendelsohn Boots Opticians 58 Ashley Centre, Epsom KT18 5DB.    Tel: 01372 747665 Post Code: _____ NHS mail: _____	<b>Patient details</b>  Title    Mr Surname    Parker Forenames    Robert Address    37 Petters Road Ashtead Surrey  Post Code: <u>KT21 1NB</u> Telephone: <u>01372 274399</u> Date of Birth <u>07/02/1950</u> NHS Number (if known) _____
<b>GP Name and Practice Address</b>  Doctor Ashlea Medical Practice Gilbert House 39 Woodfield Lane Ashtead KT21 2BQ	

<b>GP Action required:</b> (Also see "additional information" below) <input type="checkbox"/> This letter is for INFORMATION ONLY <input type="checkbox"/> Patient asked to telephone/visit GP <input type="checkbox"/> Patient sent to Eye Casualty <input type="checkbox"/> Advise Referral to Eye Dept ( <b>URGENT</b> ) <input checked="" type="checkbox"/> Advise Referral to Eye Dept (Routine)  <b>CHILDREN: Clinic Type suggested for referral to HES (tick most urgent one)</b> <input type="checkbox"/> Strabismus and Amblyopia <input type="checkbox"/> Paediatric non-strabismus <input type="checkbox"/> Orthoptic (only)	<b>ADULTS (16 or older): Clinic Type suggested (tick most urgent one)</b> <input type="checkbox"/> Cataract <input type="checkbox"/> Cornea <input type="checkbox"/> Diabetic Medical Retina <input type="checkbox"/> External Eye Disease <input checked="" type="checkbox"/> Glaucoma <input type="checkbox"/> Laser (YAG capsulotomy) <input type="checkbox"/> Low Vision <input type="checkbox"/> Oculoplastics / Orbits / Lacrimal <input type="checkbox"/> Other Medical Retina (incl ARMD) <input type="checkbox"/> Squint / Ocular motility <input type="checkbox"/> Vitreoretinal <input type="checkbox"/> Not Otherwise Specified	<b>CLINICAL TERM(S):</b> Enter relevant keyword(s) (these are to help the GP to find correct HES service)  _____  _____  _____  _____  <b>Inter +1.50</b>
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	Sph	Cyl	Axis	Prism	Base	VA	Pinhole	Add	Near Vision	Previous corrected VA on (date)
Right	-0.50	-0.75	85			6/6-4		+2.50	N5	
Left	+1.25	-0.50	65			6/7.5		+2.50	N5	

Henson 9000	<b>Right eye</b>	<b>Left eye</b>	
Visual fields    Normal R and L	Normal/enclosed (if abnormal)	Normal/enclosed (if abnormal)	
Optic nerve heads			
	C:D    0.25	C:D    0.25	
Intraocular pressure Time	21.22.24.20    mm Hg	27.25.26.25    mm Hg	Applanation/non contact/ Other <b>NCT</b>

Additional information    Cycloplegic refraction ☐    Dilated fundus examination ☐

Father glaucoma. Intraocular pressure appeared higher in the left eye. Visual fields appeared normal Van herrick G4  
Discs shallow cups. Macula drusen both eyes- was referred to macula clinic last time for further examinations.  
Mild nuclear cataracts, but vision still good distance and near.  
I recommend further investigation to exclude any possibility of glaucoma please.

GOS 18 Part One – This part must accompany any referral made to an Eye Department

SEP 8054

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