

Birmingham and Midland Eye Centre Vitreoretinal Referral Form

Referring Hospital:

NHS number:

Patient Name:

Patient Contact

Date of Birth:

Number:

Address:

Reason for referral:

If referring for dropped nucleus, please email biometry results. If not, the referral will be rejected.

Presenting symptoms:

Floaters

Field defect

Photopsia

Asymptomatic

Duration of symptoms:

Eye Affected:

Other history & details

Prior intra-ocular surgery

Post ophthalmic history

Trauma

Anticoagulants

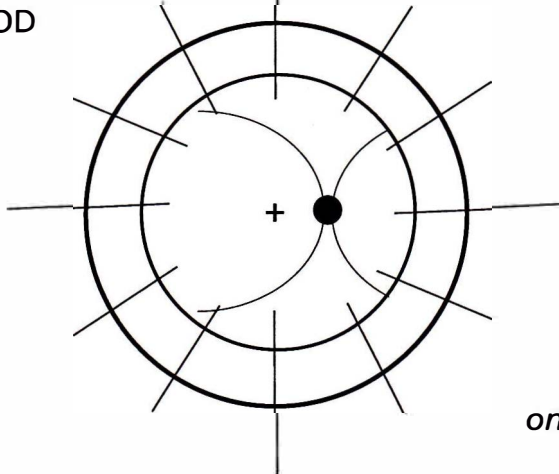
Refractive error

Systemic

Use Adobe Acrobat software to draw the detachment and breaks choose Tools > Comment > Draw > Close Comment Section to continue with other sections

Examination

OD



RAPD

BC VA

IOP

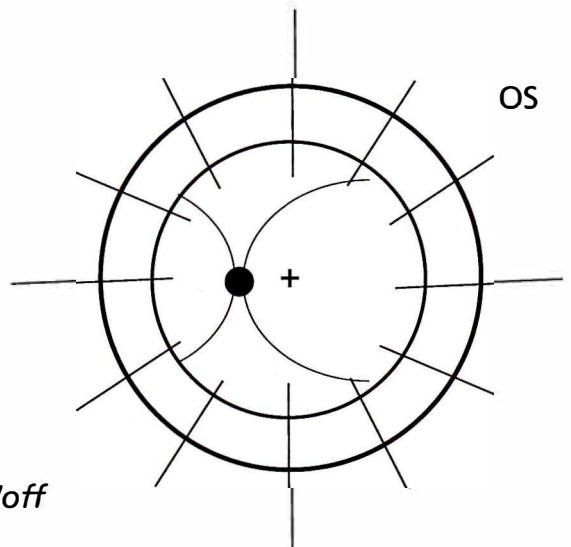
Lens Status

Vit haem

PVD

on/off Macula on/off

OS



Referring Doctor

Contact Number of the Referring Doctor

Name of BMEC VR Fellow / Consultant Informed:

