

**EYE SERVICE REFERRAL FORM**

Referrals will be prioritised. It is helpful to have as much information as possible, thank you.

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| **Name:** |  | **Date of Birth** |  |
| **NHS No:** |  | **Ethnic Origin:** |  |
| **Address:** |  | **Telephone Number:** |  |
| **Sex:** |  | **Position in Family:** |  |
| **Name of Parent / Carer:** |  | **Language / Dialect spoken at home** |  |
| **Preschool / School (if attending):** |  | **Interpreter Required:** |  |
| **General Practitioner:** |  | **GP Address:** |  |

**Reason for Referral** (Parental Concern, when was the problem first noted, any known cause):

**Date Discussed with Parents:**

**Developmental / Health / Social concerns / Other relevant information:**

**Professionals Involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current CIN / Child protection Plan:** | Yes / No | **Previous CIN / Child****Protection Plan:** | Yes / No |

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| --- | --- | --- | --- |
| **CAF Assessment:** | Yes / No | **Date:** |  |

**Additional Information**

Children Under 7 years with eye symptoms should be referred to the Orthoptist/Ophthalmologist
community eye clinic, not to the local Optician/Optometrist.

Children of all ages complaining of headaches should be referred to the Orthoptist/Ophthalmologist. It may be advisable to send them to their GP first.

Children over 7 years should be referred to the Optician/Optometrist unless they are complaining of headaches.

**Vision:** Right eye Left eye Snellens / Kay / SG test *(Circle test used)*

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| **Family history of squint** | Mother Father Siblings | *(Circle as appropriate)* |
| **Family history of glasses** | Mother Father Siblings | *(Circle as appropriate)* |

**Please send this referral to the Orthoptist at the appropriate Eye Clinic:**

1. Liverpool Rd Health Centre 9, Mersey Place Luton LU1 1HH Tel No: 01582 708155

2. Wigmore Lane Health Centre, Wigmore Lane Luton, LU2 8BG Tel No: 01582 707333

3. Enhanced Service Centre 3 Kimbolton Road, Bedford MK40 2NT Tel No: 01234 897445

4. For Flitwick, Shefford, Biggleswade & Child Development Centre (CDC) clinics please address this referral to Bedford and circle the clinic of choice here. Flitwick, Shefford, Biggleswade, CDC. (Please note that the CDC eye clinic is for children with significant developmental or additional needs).

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| **Name****Signature** |  | **Designation** |  |
| **Base****Address** |  | **Telephone Number** |  |

Bedfordshire adult and children's community health services are provided in partnership by East London NHS Foundation Trust (ELFT)
and Cambridgeshire Community Services (CCS) NHS Trust