

NATIONAL TREATMENT CENTRE- HIGHLAND

Ophthalmology Referral Form

Please fill in all details (including Visual acuities) as incomplete forms will be returned.

Patient Details:

Referring Doctor: _____

Contact Details: _____

(Consultant:) _____

**Ward (if In-patient)
OR Patient's
contact number:** _____

History:

Visual Acuity: (Printable Snellen charts can be found in the Eye section of the TAM website)

R

L

Examination Findings:

Reason for Referral:

For Ophthalmology use only

Urgency of Referral:

Signature: _____

Date: _____

Time Emailed: _____

Please E-mail NHSH.eyecasualtyntch@nhs.scot for
the attention of the Ophthalmology Triage Nurse