WET AMD Rapid access referral form
Mrs S. Mackenzie, Mr G. Walters

HDFT Eye clinic tel: 01423 553423
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NHS
Harrogate and District
NHS Foundation Trust

Patients Details	**Date**
Name	D.O.B
Address	Hosp. No
	GP
Contact number	

Optometrists details	
Practice	Optometrist
Address	GOC number
Tel	

Spectacle Prescription

	Sph	Cyl	Axis	Prism	VA	Add	NVA	
R								
L								

Affected eye:	Right		Left	
Previous History in either eye				
Previous AMD	Right		Left	
Myopic	Right		Left	
Other	Right		Left	

Referral Guidelines

Presenting symptoms in affected eye (one box must be ticked)
Less than 3 months history of:

Vision loss	Right		Left	
Spontaneously reported distortion	Right		Left	
Onset of missing patch/blurring central vision	Right		Left	

Findings

Macular Drusen (either eye)	Right		Left	
In the affected eye only:				
Macular Haemorrhage	Yes		No	
Sub-Retinal Fluid	Yes		No	
Exudate	Yes		No	

Comments:

HDFT use only: **Rapid access Outcome**

Referral seen by :

Clinic date: OCT date: FFA Date:

Feedback: