Optometrist Referral

Submission Form —Scotland

*Fields marked with * are mandatory*

Please complete this form, attach any clinically relevant images and email securely to:

Referrals.scotland@spamedica.co.uk

SpaMedica

The home of Freedom VISION

REFERRING OPTOMETRIST

Optometrist Full Name *	Optometrist Email *	GOC Number *
Practice Name *	Practice Postcode *	Practice Email *
GP's Name *	GP's Address *	

PATIENT DETAILS

Patient First Name *	Patient Last Name *	Email *	Primary Phone Number *

TREATMENT & LENS

Type of Treatment Patient is Being Referred For

☐ Cataract ☐ YAG

Type of Lens Discussed by Optometrist

☐ Mono Focal ☐ Multi Focal ☐ To Be Confirmed at Consultation

Your patient will be given the opportunity to have a free consultation. We will conduct full diagnostics and discuss treatment and lens options during the consultation.

CURRENT REFRACTION

		SPh	Cyl	Axis	Prism	Add	VA	Near	IOP (AT/NCT)
Current Refraction	R								mmHg
	L								mmHg
Date									

Lens R

☐ Clear
☐ Nuc
☐ Cor
☐ PSC

Lens L

☐ Clear
☐ Nuc
☐ Cor
☐ PSC

EYE HEALTH

Cornea R ☐ Healthy L ☐ Healthy

Macula R ☐ Healthy L ☐ Healthy Comments:

Discs R ☐ Healthy L ☐ Healthy Pupils Dilated: Yes ☐ No ☐

Other Squint ☐ Amblyopia ☐ Other ☐ Comments:

ADDITIONAL DETAILS & CONSENT

Additional Details

☐ By submitting this form, your patient gives consent for you to pass on their contact details. We will only contact them about this referral enquiry. *