

Ocular Hypertension Monitoring Scheme Referral and Discharge Information

Patient's Name: _____

Hospital No: _____

Address: _____

Date of birth: _____

Patient's tel no: _____

GP _____

Referring clinician: _____

This patient has been formally diagnosed with ocular hypertension, according to the NICE guidelines. They have now been discharged from the Hospital Eye Service. Their clinical details are as follows:

RIGHT EYE

LEFT EYE

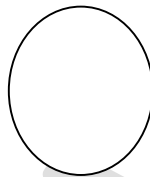
_____ Visual acuity _____

_____ Goldmann IOP _____

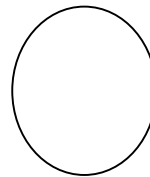
< _____ Target IOP < _____

_____ CCT _____

Gonioscopy: open angles R & L / treated narrow angles*



Optic disc
appearance/
C:D



_____ Visual fields _____
(copy enclosed)

_____ Other pathology /
previous surgery _____

Risk factors: _____

On treatment: Y / N * If yes, details: _____

Optometrist to arrange follow up review every 6, 12 or 24 months *

Commencing _____

Completed by: _____ Signed: _____ Date: _____

* delete as appropriate