

Example MECS Appointment Record



You should record these clinical details as part of MECS.

You can use this form or you can use your own record.

Completion of the audit at www.bradfordloc.org.uk/mecsaudit/ (for each patient) and submission of the enhanced services claim spreadsheet is mandatory for payment.

Patient Name / ID _____ Date _____	Referral into Service <ul style="list-style-type: none"><input type="radio"/> Patient<input type="radio"/> Optometrist<input type="radio"/> GP<input type="radio"/> Other _____	Suitability of MECS determined (Please initial) _____ GP Practice [within B&AWC CCGs] _____
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Presenting Symptoms <ul style="list-style-type: none"><input type="radio"/> Ocular Pain Discomfort<input type="radio"/> Red Eye<input type="radio"/> Loss Of Vision including Transient loss<input type="radio"/> Recent Onset Distortion of Vision<input type="radio"/> Recent Onset of Flashes / Floaters<input type="radio"/> Watery Eye<input type="radio"/> Foreign Body<input type="radio"/> Dry Eye<input type="radio"/> Other _____	Outcome / Decision <ul style="list-style-type: none"><input type="radio"/> Discharged without treatment<input type="radio"/> Discharged with treatment<input type="radio"/> Referred to GP<input type="radio"/> Referred to HES Routine (via GP)<input type="radio"/> Referred to HES Urgent (via ARC)<input type="radio"/> Other _____
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Clinical Notes (including treatment advised)

Diagnostic Agent used _____ Batch No / Exp. _____

Diagnosis (if determined) _____

Patient Satisfaction <ul style="list-style-type: none"><input type="radio"/> Very satisfied<input type="radio"/> Satisfied<input type="radio"/> Neither Satisfied or Dissatisfied<input type="radio"/> Unsatisfied<input type="radio"/> Very Unsatisfied I confirm that I have had a MECS appointment undertaken Signature _____	Name of Accredited Optometrist (Print) _____ Practice Details <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">Audit Form Done</div>
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