**Paediatric anomalous/raised optic disc referral form (ages 0-17)**

Please ensure the examination findings and symptoms questionnaire are fully completed so that we can triage the referral appropriately, or ensure the details below are included in your own referral template. The child may be given an appointment in a virtual clinic where we will only be undertaking imaging and so please highlight if there was any difficulty in obtaining the below examination findings. *Please note if the child has developmental delay, ADHD or autism that may affect examination.*

**Examination**

|  |  |  |
| --- | --- | --- |
|  | Right eye | Left eye |
|  |  |  |
| Visual Acuity |  |  |
| Visual Acuity Testing method |  |  |
|  |  |  |
| Colour vision (Ishihara) |  |  |
|  |  |  |
| Ocular motility |  |  |
|  |  |  |
| Pupil examination (Are pupils equal) |  |  |
| RAPD (yes/no) |  |  |
|  |  |  |
| Refraction |  |  |
| Refraction Testing Method |  |  |
|  |  |  |
| Notes |  |  |

**Symptoms questionnaire**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
|  |  |  |
| Headaches (yes/no and if yes answer for specific features below) |  |  |
| * Persistent & regular headaches? |  |  |
| * Headache waking child from sleep? |  |  |
| * Headache frequently present on waking in the morning? |  |  |
| Vomiting |  |  |
| Nausea |  |  |
| Transient loss of vision |  |  |
| Blurred vision |  |  |
| Double vision |  |  |
| Balance or coordination problems |  |  |
| Behaviour change |  |  |
| Fits or seizures |  |  |

For Croydon, please refer to [moorfields.croydonurgentcare@nhs.net](mailto:moorfields.croydonurgentcare@nhs.net)

For St.George’s, please refer to [moorfields.sghurgentcare@nhs.net](mailto:moorfields.sghurgentcare@nhs.net)