



West Yorkshire and Harrogate Suspected "Wet" AMD Rapid Access Referral Form

Date of referral:	
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Affected Eye: (please mark with an X)	Right Eye	Left Eye
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Please provide history, signs, patient and optometrist details and send with images (if available)

Please record the presenting symptoms and signs in the **affected** eye.
At least one symptom or sign must be present. Please mark the correct box(es) with an X

Recent history of:	Duration: (Weeks)	Duration: (Weeks)
1. Visual loss	RE: <input type="checkbox"/> Duration: <input type="text"/>	LE: <input type="checkbox"/> Duration: <input type="text"/>
2. Spontaneously reported distortion	RE: <input type="checkbox"/> Duration: <input type="text"/>	LE: <input type="checkbox"/> Duration: <input type="text"/>
3. Central scotoma	RE: <input type="checkbox"/> Duration: <input type="text"/>	LE: <input type="checkbox"/> Duration: <input type="text"/>

Findings / Signs:	Right:	Left:
1. Best corrected distance VA	<input type="text"/>	<input type="text"/>
2. Near VA (if recorded)	<input type="text"/>	<input type="text"/>
3. Macular drusen (either eye)	<input type="text"/>	<input type="text"/>
4. Macular haemorrhage	<input type="text"/>	<input type="text"/>
5. Macular exudate	<input type="text"/>	<input type="text"/>
6. Abnormal OCT imaging	<input type="text"/>	<input type="text"/>

Patient name:	DOB:	NHS number:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address:	Telephone number:
<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>

Optometrist Name, GOC No and Telephone No:	Optometry Practice Name and Address:
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

Other comments:	
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Bradford: Email macular.admin@nhs.net Tel: **01274 365222**
Calderdale/Huddersfield: Email cah-tr.referralsophthalmology@nhs.net or use the **CHFT Ophthalmology Referral Portal Harrogate:** Email hdf.eyereferrals@nhs.net
Leeds: Refer via **CUES** or Email leedsth-tr.wetamdreferral@nhs.net
Wakefield: Email midyorks.wetamdmidyorks@nhs.net