

# ARROWE PARK STROKE TEAM REFERRAL (FROM COMMUNITY OPTOMETRIST)

This is the referral pathway for symptoms occurring more than 6 hours ago

For acute symptoms onset less than 6 hours – PATIENT MUST ATTEND A+E URGENTLY

<b>Date of referral:</b>
<b>Referral Source:</b>
<b>Referrer's Name:</b>
<b>Contact number :</b>

<b>Patient Details:</b>
Name:
Address:
Date of Birth:
Up to date contact number:
Next of Kin contact details:

### Reason for referral:

- Homonymous hemianopia Right / Left PLEASE ATTACH FIELD PRINT OUT
- Homonymous Quadrantanopia Right / Left PLEASE ATTACH FIELD PRINT OUT
- Other homonymous field defect Right / Left (Please specify .....)
- Sudden onset Diplopia with other signs (Dizziness, Limb Weakness, Speech Changes, Unsteadiness, Facial weakness) – *for diplopia without other symptoms please refer directly to the eye clinic*
- Sudden onset nystagmus
- Suspected Amaurosis Fugax

### Other reason for referral, please provide description:

.....

.....

When did the symptoms start: .....

Does the patient have a history of stroke / cardiovascular disorder?

Yes  / No  Details: .....

Does the patient have:

Diabetes  Hypertensive  Obesity  Hyperlipidemia

Smoker  Alcohol excess

Is patient currently taking antiplatelet or anticoagulant medication?

.....

Are they a driver? Yes  / No

**ADVISE PATIENT NOT TO DRIVE**

Are there any pre – existing vision problems?

Yes / No

Details .....

Please attach the referral to an email and send via secure email to [wuth.strokereferrals@nhs.net](mailto:wuth.strokereferrals@nhs.net). The stroke co-ordinator at WUTH can be contacted on 01516047397.

Additional Referral Details: