Referral/notification form

Patient name:
Address:
Age:
GP:

Significant findings

Provisional diagnosis

Refer/notification to: (choose GP and/or ophthalmology and specify the degree of urgency for each referral)

□ GP	□ Ophthalmology
Urgency: □ Emergency (same or next day) □ Urgent (within one week) □ Routine (in due course)	**Urgency:** □ Emergency (same or next day) □ Urgent (within one week) □ Routine (in due course)

Requested course of action (if appropriate)