



THE COLLEGE OF OPTOMETRISTS

Final Assessment OSCE: Referral Template

Candidates may be required to make a notification/referral during the Final Assessment OSCE. This could take the form of a telephone, written or electronic notification/referral.

For a written notification/referral, the following A4, printed template will be provided:

| Referral/Notification Form | |
|--|--|
| Patient Name: Address: Age: GP: | |
| Relevant details | |
| Provisional diagnosis/reason for referral | |
| Urgency (fill in as appropriate) <input type="checkbox"/> Emergency (same or next day) <input type="checkbox"/> Urgent (within one week) <input type="checkbox"/> Routine (in due course) <input type="checkbox"/> Information only | Referral/notification to (fill in as appropriate) <input type="checkbox"/> GP <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Both GP and ophthalmology <input type="checkbox"/> Other (please specify) _____ |
| Any additional information | |
| Signature and date not required for this OSCE station | |
| Candidate No.: | |

For electronic notification/referral, an electronic template in the form of a Microsoft Word file saved on a laptop will be provided:

Re: (Patient name) – (Patient age)

Relevant details:

Provisional diagnosis and reason for referral:

Indicate whether referral or notification (Put X in the box as appropriate):

| | |
|--------------|--|
| Referral | |
| Notification | |

Communication to (Put X in the box as appropriate):

| | |
|---------------------------|--|
| GP | |
| Ophthalmology | |
| Both GP and ophthalmology | |
| Other (please specify) | |

Urgency if referral chosen (Put X in the box as appropriate):

| | |
|------------------------------|--|
| Emergency (same or next day) | |
| Urgent (within one week) | |
| Routine (in due course) | |

Any additional information:

Signature and date not required for this OSCE station

Candidate No.: