



NI PEARS REFERRAL REPORT FORM

Patient Details	Optometric Practice Details
Name:	NI PEARS Accredited Optometrist:
DOB:	Personal Code:
Health and Care Number:	Practice
Address:	GP Details
	GP Name:
Date:	GP Practice:

FOR INFORMATION ONLY – NO ACTION REQUIRED

Dear Doctor _____

Thank you for referring your patient for an optometric assessment under NI PEARS.
I carried out the assessment today and he/she has been diagnosed with:

Conjunctivitis Sub-conjunctival haemorrhage Dry Eye
 Chalazion/Hordeolum Episcleritis Flashes/Floaters
 Simple Entropion / Ectropion Trichiasis Blepharitis Corneal Foreign Body
 Corneal Abrasion
 Other (Please specify) _____

I have provided:

Advice & Discharged

Management, Treatment & Discharged

Management, Treatment & recommended follow up in _____ days

Treatment: _____

I have issued the patient with a prescription request form Yes / No

Referral to secondary care Urgent Hospital _____ / Routine

Yours sincerely

NI PEARS Accredited Optometrist