Sheffield PEARS Scheme GP Referral Form

Routine	
Urgent	

Date of Referral			
Patient Name			
DOB		NHS No*	
Address			
		Postcode	
Tel No*			
Referring GP		Practice	
GP Tel No*		GP Fax No*	
GOS18 Attached	Yes / No		

Reason For GP Referral into PEARS scheme if no GOS18 attached, Relevant past medical history/allergies/medication.

Present Medication List Attached	Yes / No	

Reason for referral from PEARS scheme to Ophthalmology Department					
				Cataract	
				Glaucoma	
				Medical Retina	
				Orthoptics	
				Cornea	
				Other:	
RIS to Refer direct to RHH		RIS to Offer Patient Choice			
Wheelchair user		Interpreter		Transport Needed (Please Give Details)	

In the event that this patients condition falls beyond the scope of the PEARS scheme this form should be regarded as a formal GP referral for a specialist Ophthalmology opinion.

GP Signature _____

GP Name _____

GP Stamp

Optometrist Signature _____ **Print Name** _____

Optometrist Address _____

Please send this referral to the Referral Information Service via Fax to 0114 3051301 or by post to:- RIS, 9 Orgreave Road, Sheffield, S13 9LQ.

For enquiries please contact us on 0114 3051300.