

Domiciliary Eye Examination

Referral in accordance with NICE Guidance on Ocular Hypertension / Open Angle Glaucoma

Surname Mr/Mrs/Miss/Ms*	First name	D.O.B	Date of sight test
Address			
GP name	GP Address		

Dear Doctor

I am referring the above housebound patient to you in accordance with NICE guidance, since the intra-ocular pressure (IOP) is over 21mmHg with no other obvious signs of glaucoma. Before NICE issued its guidelines this patient would not have been referred as the IOP measurement presents a low risk and the patient may have difficulty in attending hospital.

Eye	IOP mmHg	Instrument	Time
Right		iCare/tonopen/pulsair/perkins/other*	
Left		iCare/tonopen/pulsair/perkins/other*	

*delete as appropriate

Eye	Unaided Vision	Sph	Cyl	Axis	Prism	V/A	Add	Near V/A
Right								
Left								

Comments:

Name of referring optometrist:

Practice Address:

Signature: _____

Date: _____