

EDS ONLY: Appointment Date & Time: _____

Triaged tests: VEP ☐ PERG ☐ ERG ☐ mfERG ☐ EOG ☐ DA ☐

Date stamp:

UNIVERSITY HOSPITALS OF LEICESTER – DEPARTMENT OF MEDICAL PHYSICS

VISUAL ELECTRODIAGNOSTICS REQUEST**Patient Details / Label**

S/NHS Number:

Surname:

Forename:

Date of Birth:

Address:

Tel No (REQUIRED):

EDS ONLY: Tiara upload ☐ Triage ☐ Booked ☐ Letter ☐ Interpreter ☐
Reminder call ☐ Apt Contact Entry ☐ Report upload & Discharge ☐**Prescription – Please mark for each eye & sign****Single Check Eye Drops**

OD

OS

Tropicamide

1 %

Proxymetacaine Hydrochloride

0.5 %

Sodium Chloride 0.9 % will be administered to aid accurate measurement as needed unless explicitly directed by the referrer

Allergies / Contraindications (e.g. closed-angle glaucoma):**Prescriber Sign & Date****Administered Sign & Date**

Hospital/Ward/Clinic:

Date:

Next Clinic Appointment:

Tests will be performed $\geq 4/52$ from referral. To request more urgently, please contact us.

Consultant:

NHS/ Private Patient / Research

Referrer:

New Diagnostic / Surveillance

Interpreter or access needs (e.g. large print, autism)? Y/N

Inpatient / Outpatient

What question do you hope to have answered?**Nystagmus? Yes / No**Query (tick as appropriate, further guidance overleaf)

- ☐ Optic nerve pathology
- ☐ Retinal dystrophy / degeneration
- ☐ Unexplained vision loss
- ☐ Macular/focal retina (+hydroxychloroquine monitoring) *visual fields must be included

**Best corrected VA
(REQUIRED)
(Snellen or LogMAR)****Recent refraction (REQUIRED)**

OD

_____, _____ X _____

OS

_____, _____ X _____

For assistance or urgent referrals, please contact: **0116 258 5686**

Or email: EDS.Ophthalmology@uhl-tr.nhs.uk

PLEASE FILL REFERRAL FORM WITH RELATED CLINICAL INFORMATION

- Best corrected **visual acuity and recent refraction**
- Anterior segments pathology
- VF loss (macular region only, peripheral region only, generalised visual loss, hemianopia, quadrantanopia)
- Retinal pathology; Genetic findings, e.g. CSNB, Best's, syndromes etc.; light sensitivity, night blindness
- Vascular related pathologies, e.g. CRAO, CRVO
- Possible suspicion of non-organic visual loss, malingering etc.
- Nystagmus (characteristics?)

A list of standard tests for commonly presenting conditions can be found on our website. The choice of tests may be modified in any particular case.

Please copy Visual Electrodiagnostics in your clinic letter.

Please mark (and sign) the boxes for eye drops:

- **Dilation** and **anaesthetic eye drops** are required for all tests except the VEP and PERG.
- Please mark for each eye unless there is good reason not to administer eye drops in one eye.

Please advise your patients:

- **Updated refraction, distance** and **near vision spectacles** are required.

Please ensure the patient's contact details (incl. phone number) are up-to-date.

Please return the original form via post to:

Visual Electrodiagnostics
Medical Physics
Ground floor, Sandringham Building
Leicester Royal Infirmary
LE1 5WW

For further copies of this form please contact the print room with the title or document ID