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| --- |
| PATIENT DETAILS |
| Name  | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |
| Address & Postcode | Click or tap here to enter text. | Date of Birth/CHI | Click or tap here to enter text. |
|  | Click or tap here to enter text. | GP Practice | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Known allergies  | Click or tap here to enter text. |
| Eligible for NHS Pharmacy First Scotland?  | Yes [ ]  | No [ ]  |
| Referral type | Optometry to Pharmacy [ ]  | Pharmacy to Optometry [ ]  |
|  |  |
| CONSULTATION DETAILS e.g. presenting complaint(s) – symptoms, duration, actions already taken, other current medication? |
| Click or tap here to enter text. |
| OPTOMETRY REPORT FOLLOWING CLINICAL ASSESSMENT |
| Click or tap here to enter text. |
| TREATMENT REQUIRED |
| To be supplied free of charge via NHS Pharmacy First Scotland Approved List |
| Carbomer 0.2% eye gel 10g\* |[ ]  Xailin Night eye ointment PF 5g |[ ]
| Carbomer 0.2% eye gel preservative free 10g\* |[ ]  Hylo Night eye ointment PF 5g |[ ]
| \* please refer to Part 3 Eye Products of the Scottish Drug Tariff for eligible items and to the local Health Board Formulary for preferred brands | Sodium cromoglicate 2% eye drops (patients ≥ 2 years only) | 5ml |[ ]
| Hypromellose 0.3% eye drop 10ml |[ ]   | 10ml |[ ]
| Chloramphenicol 1% eye ointment(patients ≥ 2 years for the treatment of acute bacterial conjunctivitis only) 4g |[ ]  Chloramphenicol 0.5% eye drops (patients ≥ 2 years for the treatment of acute bacterial conjunctivitis only) 10ml |[ ]
| Olopatadine 1mg/1ml eye drops (patients ≥ 3 years via PGD only) 5ml |[ ]   |
| To be purchased via OTC sale (Pharmacy teams - no record on PMR is required in this instance) |
| Click or tap here to enter text. |
| Duration of treatment Click or tap here to enter text. |
|  |
| Referrer’s name (Optometrist/Pharmacist)Click or tap here to enter text. | GOC/GPhC NumberClick or tap here to enter text. | Referring Practice stamp (not required when being sent by secure email) |
|  |  |  |
| Contact numberClick or tap here to enter text. | DateClick or tap to enter a date. |  |
| Referrer’s signature(not required when being sent by secure mail) |  |