

### Private referral for Dry Eye/Watery Eye/Blepharitis Assessment

To: Mrs Elizabeth Ralph FBDO CL  
Email: [Beth.ralph19@icloud.com](mailto:Beth.ralph19@icloud.com)

Date:

Copies to:  Patient  File  GP

Sent:  via post  by hand  with patient  fax  e-mail

Patient title:

Surname, Name(s):

Address:

Postcode:

Date of Birth:

Telephone:

Mobile:

Email:

If referring from Optician/Optomtrist – optional Rx details from last eye exam, however BCVA please. If pharmacy or non-eye clinic leave blank.

Spec/CL Rx R

BCVA

L

BCVA

Chief Ocular Complaint(s):

Patient Ocular Hx:

**Gross examination and/or bio-microscope\* exam (\*if pharmacy/non-eye clinic not applicable) signs:**

**Relevant details of PMHx history (inc meds & supplements):**

(Check if *appropriate*):

- The patient has consented to sharing this information with you and that you will not further share with others without his/her express permission.
- I have included other eye exam results if appropriate/available
- I have explained this will be a private fee-for-service assessment and/or I would like you to explain fully your charges to the patient before an appointment is arranged

**• I understand you will address this patients ocular surface problems only and will then refer back to me for all other eye-care/health-care needs, including if appropriate; spectacle dispensing, contact lens care and routine eye health product purchase along with a written report on your findings and management.**

**Signed:**

**Date:**

**Eye Care/Health Care Professional's name and qualifications:**

**Practice/Pharmacy/Clinic address:**

**Tel:**

**E-mail:**

**Other notes:**