

COMMUNITY EYECARE LOCAL ENHANCED SERVICE (LES)

LES APPOINTMENT OUTCOME FORM <u>TO BE COMPLETED ONLY WHERE ROUTINE REFERRAL TO SECONDARY CARE IS REQUIRED</u> Please complete and submit electronically where possible					
Practice name, address and postcode/official stamp:		Patient Name:			
		Patient DOB:			
		Patient Address and postcode:			
		Patient daytime contact number(s):			
Optometrist name:		GP name and practice:			
Appointment Date:					
Presenting complaint:					
VAR:		VAL:		RE	LE
IOP RE:		IOP LE:			
Findings: (to include all relevant clinical information; use above boxes for drawings of fundus, disc etc.)					
ROUTINE hospital referral required for investigation/assessment of:					
Signed:		Date:			

Please submit completed form by email to nyhcsu.choice@nhs.net or by fax to 01904 659270.
For queries please call the Choice Office on 0300 303 0060

GUIDANCE ON COMPLETING THE LES APPOINTMENT OUTCOME FORM

- The purpose of this form is to initiate a ROUTINE hospital referral via the Choice Office. Please note that urgent referrals should be actioned either by the Optometrist or the patient's GP and cannot be processed by the Choice Office.
- Please ensure a 'finance and activity data collection form' is completed in addition to the 'LES appointment outcome form' in order to receive payment.
- In order to assist the Choice Office in directing the referral to an appropriate secondary care clinic, please complete the section labelled 'ROUTINE hospital referral required for investigation/assessment of:' with a brief summary of findings, e.g. 'elevated IOPs'