Examination date	Date:

NHS
South Warwickshire
Clinical Commissioning Group

IOP Refinement Record

Please complete only for patients with high IOP, but NO OTHER SIGNS OF GLAUCOMA.
In cases where other signs of glaucoma are present, the patient should be referred without refinement.

Patient's Details	
First name:	
Last name:	
DOB:	*Age:*
NHS number:	
Address:	
Phone:	
Mobile:	
Email:	

Optometrist / Practice
Optometrist:
OPL number:
Practice:
Phone:

Patient's GP
GP name:
Practice:

Tonometry record

Original tonometry mmHg	*Right:*						
	Left:						
	Time:						
Instrument *NCT*		*Pulsair*		*Icare*		*Other*	
Applanation tonometry mmHg	*Right:*						
	Left:						
	Time:						
Instrument	*Goldmann*		*Perkins*				

Action taken	
< 65 yo IOP ≤ 21mmHg - recall as appropriate	
65-80 yo IOP ≤ 25mmHg - recall as appropriate	
< 80 yo IOP ≤ 26mmHg - recall as appropriate	
IOP ≤ 30mmHg - repeat Goldmann appointment	
IOP > 30mmHg - refer to ophthalmology	

Repeat Tonometry record

Repeat date	*Date:*				
Applanation tonometry mmHg	*Right:*				
	Left:				
	Time:				
Instrument	*Goldmann*		*Perkins*		

Action taken	
IOP not repeatable - recall as appropriate	
< 65 yo IOP > 21mmHg confirmed - refer	
65-80 yo IOP > 25mmHg confirmed - refer	
> 80 yo IOP > 26mmHg confirmed - refer	

Prescription from current sight test

	Uncorrected V	Sph	Cyl	Axis	Prism	VA	ADD	Near VA	Previous VA	
R										*Date:*
L										

Additional comments: (e.g family history, other risk factors)

Signature:	*Date:*

STATEMENT: The reason for this referral has been explained to the patient or guardian who agrees to it.
The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner, and optometrist or ophthalmic medical practitioner **(delete any not consented to).**

White copy - to GP Yellow copy - retained