

Examination date	Date:
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Warwickshire North 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:
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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