

COMMUNITY PHARMACY REFERRAL FORM

**SITUATION**

A community pharmacist referral of a patient to Optometrist:

Name:
Address:
D.O.B./CHI:

**BACKGROUND**

This patient consulted with the pharmacist and presented with the following symptoms/condition:

This patient presented with a red eye. Yesterday, the patient had been working in the garden and a small branch had fallen onto the patient. Their eye was gritty and sore. Their vision was a little blurred.
--

**ASSESSMENT**

The pharmacist's assessment:

The patient may have a foreign body in their eye or may have scratched it.
--

**RECOMMENDATION**

Self-care advice given to patient:

Rinse the eye with a sterile eye wash to remove any grit. If vision is still affected, contact the optician to arrange for an assessment by the optometrist
---

The pharmacist recommends to GP team:

Due to the disturbance to their vision, please review this patient to assess any damage.
--

**Pharmacy details:**

Referring Pharmacist name:
Date:
Pharmacy Stamp:

**Urgency:**

Within 24 hours	✓
Within 1 week	
Next routine appointment	