**Paediatric Eye Clinic Referral - GP**

|  |  |  |
| --- | --- | --- |
| GP Name: Usual GP Forenames Usual GP Surname  Practice: | Requested Clinic:   * Comely Bank Clinic (comelybankeyeclinic@nelft.nhs.uk) * Langthorne Health Centre (langthorneeyeclinic@nelft.nhs.uk) * Silverthorn Centre (silverthorneyeclinic@nelft.nhs.uk) | Date: |
| For urgent non-squint referrals:   * Whipps Cross Hospital: [whippscrossopticalservices@bartshealth.nhs.uk](mailto:whippscrossopticalservices@bartshealth.nhs.uk)), Fax: 020 853 6466, Tel No. 020 8535 6710 | | |

Dear Clinican,

R.E:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: Title Given Name Surname | | | D.O.B:Date of Birth | |
| NHS No.: NHS Number | | Home Tel: Patient Home Telephone | | |
| Address: Home Address House Name/Flat Number Home Address Number and Street | | | | Post code: Home Address Postcode |
| Mobile: Patient Mobile Telephone | Consent to text messaging reminder? Yes | | | |

|  |  |
| --- | --- |
| Reason for referral:   * Family History * Who? ………………………. * What? ………………………. * Suspected squint * Please specify opposite * Vision concerns * Please specify opposite * Parental Concern * Referrer Concern * Other | Additional Information for referral: |
| Patient general health / development: |

Yours faithfully,

Signed: Print name:

# **Orthoptic Guidelines for General Practitioner and Community Paediatricians at 6 Week Examination**

|  |  |
| --- | --- |
| Eye Appearance | Carefully inspect the eyes for any abnormality e.g. cataract, infections, abnormal eyelid function e.g. ptosis  Check for red reflex either eye with ophthalmoscope (+3 dioptre) 10 inches from baby |
| Parental Concern | Refer *urgently* (direct to Whipps Cross, see form) if there is any concern regarding visual awareness e.g. not fixing and following or parental observations of eye defect e.g. squint, ptosis or nystagmus. |
| **Corneal Reflections** | Pupils should be black, round and centrally positioned.  Eyes should be steady (no nystagmus)  Eyelids should be clear of the pupil (no ptosis) |
| **Referrals at 6/52:** | **Urgently Refer if:-**  **Defect or suspicion of defect on examination**  **Positive family history of serious childhood eye conditions e.g. cataract, glaucoma,**  **retinoblastoma should be referred (if not already referred at previous check)**    **Routinely Refer if:-**  **Parental concern**    **If in doubt – refer!** |
| **ADVICE** | It is **not necessary** to refer for a positive family history of **common** childhood eye problems (e.g. squint, refractive error) until at least 8 months of age.  It is **not necessary** to refer for positive family history of glasses in teen years/adulthood or for senile eye conditions.  (Note: Family history is first degree relatives i.e parents and siblings.)  Inform parents if positive family history they should seek referral from GP from 8months of age, or from their Health Visitor at their child’s health review. |
| **Leaflet** | Give parents copy of ‘Children’s Vision and Eye Health’ leaflet |