



**ACUTE COMMUNITY EYE-CARE SERVICE - SOMERSET**

**ACES - Referral Letter to Optometrist**

<i>Patient Name &amp; Address</i>	<i>GP Practice/Service Doctor Name and Address</i>
<i>Patient Tel:</i>	
<i>DOB:</i>	<i>Practice Tel:</i>
<i>NHS no:</i>	<i>Practice Fax. (Essential)</i>

<b>Date of Referral:</b>	<b>Referring GP/Service Doctor:</b>
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<b>Reason for Referral (please tick):</b>			
Sudden or recent reduction in vision		Suspected foreign body	
Red eye/s		Recent onset of double vision	
Pain and /or discomfort		Significant recent discharge	
Flashes and /or recent floaters		Other: Please specify (Please refer to guidelines)	
Mild Trauma			

<b>Details (if required):</b>
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<b>Relevant Medical History / Medication: If attached tick here:</b> <input type="checkbox"/>
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**ACES LEAFLET DESCRIBING THE SERVICE (and including list of participating optometrists) MUST BE GIVEN TO THE PATIENT**  
(tick box)

**Dear Patient, please make an appointment with an optometrist (optician) as directed by your GP/Service Doctor. Tell the optometrist you have a note from your GP/Service Doctor.**