PATIENT DETAILS

Name	Click or tap here to enter text.	Telephone	Click or tap here to enter text.
Address & Postcode	Click or tap here to enter text.	Date of Birth/CHI	Click or tap here to enter text.
	Click or tap here to enter text.	GP Practice	Click or tap here to enter text.
	Click or tap here to enter text.	Known allergies	Click or tap here to enter text.

Eligible for NHS Pharmacy First Scotland?	Yes ☐	No ☐
Referral type	Optometry to Pharmacy ☐	Pharmacy to Optometry ☐

CONSULTATION DETAILS   e.g. presenting complaint(s) – symptoms, duration, actions already taken, other current medication?

Click or tap here to enter text.

OPTOMETRY REPORT FOLLOWING CLINICAL ASSESSMENT

Click or tap here to enter text.

TREATMENT REQUIRED

To be supplied free of charge via NHS Pharmacy First Scotland Approved List

Carbomer 0.2% eye gel 10g*	☐	Xailin Night eye ointment PF 5g		☐
Carbomer 0.2% eye gel preservative free 10g*	☐	Hylo Night eye ointment PF 5g		☐
* please refer to Part 3 Eye Products of the Scottish Drug Tariff for eligible items and to the local Health Board Formulary for preferred brands		Sodium cromoglicate 2% eye drops (patients ≥ 2 years only)	5ml	☐
Hypromellose 0.3% eye drop 10ml	☐		10ml	☐
Chloramphenicol 1% eye ointment (patients ≥ 2 years for the treatment of acute bacterial conjunctivitis only) 4g	☐	Chloramphenicol 0.5% eye drops (patients ≥ 2 years for the treatment of acute bacterial conjunctivitis only) 10ml		☐
Olopatadine 1mg/1ml eye drops (patients ≥ 3 years via PGD only) 5ml	☐			

To be purchased via OTC sale (Pharmacy teams - no record on PMR is required in this instance)

Click or tap here to enter text.

Duration of treatment	Click or tap here to enter text.

Referrer's name (Optometrist/Pharmacist) Click or tap here to enter text.	GOC/GPhC Number Click or tap here to enter text.	Referring Practice stamp (not required when being sent by secure email)
Contact number Click or tap here to enter text.	Date Click or tap to enter a date.	
Referrer's signature (not required when being sent by secure mail)		