



MECS TRIAGE RECORD

Date	Time	Staff name / Referred by				Where is the Patient?	
						Practice	Phone
Patient Name		NP / EP	ID	D.O.B	Phone number	GP	
Patient Concern						C/L wearer	Yes / No
						Any recent trauma	Yes / No
					Any recent ocular surgery	Yes / No	
					Give details:		
CONCERN CATEGORY		QUESTIONS (Please circle answer)				OUTCOME	
Problem with R L <u>EYE</u> (painful, red, sore, irritated)	Is it painful				→	<u>See within 24 hours</u>	
	NO ↓	YES					
	Is there any light sensitivity?				→		
	NO ↓	YES					
	Is there a change in vision?				→	<u>See within 48 hours</u>	
NO ↓	YES						
Is the eye red?				→	<u>See within 48 hours</u>		
NO ↓YES		→				
Book sight test							
Problem with R L <u>VISION</u> (Vision Loss, Disturbance, Field of vision, Double vision)	Has it come on suddenly?				→	<u>See within 24 hours</u>	
	NO ↓	YES				< 3 months	See within 48hrs
	If gradual, when did it start?				→	> 3 months	Book sight test
Problem with <u>FLASHES</u> and/or <u>FLOATERS</u>	When did it start or when did it last change or when did it get worse				→	< 6 weeks	See within 24hrs
						6-12 weeks (symptoms increased)	See within 24hrs
						6-12 weeks (symptoms same)	See within 48hrs
						> 12 weeks	Book sight test

