

MECS TRIAGE RECORD

Date Time	Staff name	/ Referi	red by		Where is the Patient?				
					Practice		Phone		
Patient Name	NP / EP	ID	D.O.B	Phone nu	 mber	GP			
					6.0				
Patient					C/L wearer Yes / No				
Concern			Any recent trauma Yes / No						
					Any recent ocular surgery Yes / No				
					Give details:				
CONCERN CATEGORY	OUESTIONS	(Please	circle answ	er)	OUTCOME				
	Is it painful	•							
Problem with NO YES									
R L	Is there any	y light so			See within 24 hours				
EYE	NO I		YES	—					
(painful, red, sore,	Is there a c	hange ii	n vision?						
<u>irritated)</u>	→								
	Is the eye red?					See within 48 hours			
		••••••	YES						
	Book sight	test							
Problem with		Has it come on suddenly?				Coo within 24 hours			
R L	NO J		YES		See within 24 hours				
<u>VISION</u>									
(Vision Loss,	If gradual,	when di	d it start?	→	< 3 mont	ths	See within 48hrs		
<u>Disturbance</u> , Field of									
vision, Double vision)					> 3 mont	hs	Book sight test		
Problem with	NA//		_		< 6 week	s	See within 24hrs		
<u>FLASHES</u> and/or	When did it	last ch	ange		6-12 weeks 6 6.4				
FLOATERS	or when did it get worse				(symptoms incre		See within 24hrs		
				-	6-12 weeks See within 48hr				
					(symptoms sa				
					> 12 we	eks	ks Book sight test		

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Patient Nam	e	ID	D.O.B	Phone	number	GP						
		Oth	er signs &	: symptoms	•							
For patients with recent onset symptoms, follow the guidance on this form using the questions on the left and book an appointment appropriately.												
In cases of doubt speak to the Optometrist whilst the patient is still on the phone. Once you have advised the patient and booked the appointment, discuss with your PEARS												
Optometris	t at the earliest opportun	ity.										
In some individual cases the Optometrist may advise an alternative course of action, and some conditions are not suitable for PEARS.												
If the patient is feeling generally unwell, advise them to seek medical advice or discuss with the												
Optometrist at the time of booking.												
PLEASE FORWARD THIS FORM TO THE OPTOMETRIST												
Notes / advice given to patient												
Has the patient been advised: (please circle)												
To remove C/Ls / Not to drive in case dilation is needed / If symptoms increase out of hours to consult A&E												
Out	Confirm Armto O. I.I.	0.11 1.0	ار جامد	Hand C	CD C::	EADC O=1	Dh					
Outcome	Confirm Appt; 24 Hrs / 48	B Hrs / S	ignt Lest	Hospital	GP Other P	EARS Optom	Pharmacy					
Professional	advisor name & signature				<u> </u>							