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| **Electrodiagnostic Clinic*****Eye Department***Phone: (0114) 27 11746 *lawrence.brown@nhs.net***Document version: 2.0** | *STHFTCol***Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF** |

**Ophthalmic Electrophysiology Referral Form**

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| **Patient Details** |
| Hospital No | Click here to enter text. | Address | Click here to enter text. |
| NHS No | Click here to enter text. |
|  |
| Title | Click here to enter text. |
| Last Name | Click here to enter text. |
| First Name(s) | Click here to enter text. |
| DOB | Click here to enter a date. | Tel | Click here to enter text. |
|  |
| **Category** | **Referrer details** |
| [ ]  NHS[ ]  Private | Hospital | Click here to enter text. |
| Consultant | Click here to enter text. |
|  |
| **Visual Acuity** | **Indication of Clinical Priority**  |
| RE | Click here to enter text. | [ ]  Routine [ ]  Urgent *If Urgent please state reason:*Click here to enter text. |
| LE | Click here to enter text. |
| **Refraction** |
| RE | Click here to enter text. |
| LE | Click here to enter text. |
| **Reason for Testing** |
| *Clinical details including signs, symptoms and patient history.*Click here to enter text. |
|  |
| **eye drops : Patient Specific DirectivE (PSD)** |
| ***By signing this form you are authorising the administration of eye drops (Tropicamide 1%, Phenylephrine 2.5%, Oxybuprocaine 0.4%) as required for the purpose of electrodiagnostic testing.****If drops are contraindicated for this patient (e.g. pregnancy, angle-closure glaucoma) please state:*Click here to enter text. |
|  |
| **Requested By** |
| Print | Click here to enter text. | *If you have not received reports from us by email previously, please provide the nhs.net email address(es) would you like us to use:*Click here to enter text. |
| Sign |  |
| Date | Click here to enter a date. |

**Please email completed referrals to** ***sht-tr.ophthalmology@nhs.net***

***![C:\Users\pearsonkl\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\MRW8RHP8\ImportantIcon.svg[1].png]() Please ensure all sections are complete. Referral requests will be returned if insufficient information is provided.***

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**Ophthalmic Electrophysiology Referral Form**

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| **tests** |
| *Clinical staff will select appropriate tests depending upon reasons for testing and results obtained during the clinic session. If you require specific tests please give reasons:*Click here to enter text. |
| **VEP**Visual Evoked Potential | ~45 mins | Skin electrodes record signals from the visual cortex in response to pattern or flash stimuli. | Tests the function of the entire visual pathway. |
| **PERG**Pattern Electroretinogram | ~30 mins | DTL corneal electrodes record signals from the retina in response to pattern stimulation.*May require topical anaesthetic to control blinking.* | Tests the macula and retinal ganglion cells. Useful for differentiating between macular dysfunction and optic neuropathy in the presence of an abnormal VEP. |
| **ERG**Flash Electroretinogram | ~60 mins | DTL corneal electrodes record signals from the retina in response to flash stimulation.*Requires pupil dilation.* | Tests the entire retina. Able to differentiate between rod/cone/post-phototransduction dysfunction. |
| **mfERG**Multi-focal Electroretinogram | ~45 mins | DTL corneal electrodes record signals from the retina in response to pattern stimulation.*Requires pupil dilation and topical anaesthetic to control blinking.* | Tests localised retinal function of the macular and paramacular. |
| **EOG**Electro-oculogram | ~50 mins | Skin electrodes record eye saccades during periods of dark adaptation and light adaption.*Requires pupil dilation.* | Tests RPE function. Particularly useful in the diagnosis of Best disease. |
| **PVPA**Paediatric Visual Pathway Assessment | ~60 mins | Pattern and flash VEPs plus a screening ERG using skin electrodes and no pupil dilation.*Testing is usually assisted by an orthoptist. Routinely used for children under 6.* | Tests the integrity of the visual pathways and screens for general retinal dysfunction. |

## **Patient Information Leaflets available:**

## **“Electrodiagnostic tests”** [**https://publicdocuments.sth.nhs.uk/pil4006.pdf**](https://publicdocuments.sth.nhs.uk/pil4006.pdf)

## **“My child is having electrodiagnostic tests”** [**https://publicdocuments.sth.nhs.uk/pil2162.pdf**](https://publicdocuments.sth.nhs.uk/pil2162.pdf)

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| **for use by ophthalmic electrophysiology staff only** |
| Graded  | [ ] Routine[ ] Urgent | Dilating drops required  | [ ] Yes[ ] No | Tests | [ ] VEP[ ] PERG[ ] ERG[ ] mfERG[ ] EOG[ ] PVPA |
| Leaflet  | [ ] Standard Testing[ ] Paediatric Screening | Clinic slot | [ ] Short[ ] Long[ ] Thurs PM Paeds |
| *Comments*Click here to enter text. |
| **graded By** |
|  |

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