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

**Ophthalmic Electrophysiology Referral Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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***](mailto: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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