Vision Support Harrogate District Eye Clinic Patient Pathway

ECLO/Vision Support Service Referral Form

Affix Patient Sticker Here			
Registration Details: Tick as appropriate			
Sight Impaired		Severely Sight Impaired	
Date Registered:		Not registered	
Referred by (Name of organisation)		Consultant:	
Reason for Referral:			

Is the patient happy to be contacted by Vision Support Harrogate Districts Eye Clinic Liaison Officer? If yes, please ensure the patient signs and dates the consent form.

Patient Signature:	Date:	Contact Phone Number:

Clinic/Clerical Staff: This form is to be photocopied and retained by the Eye Clinic, please send the original to: ECLO, Vision Support Harrogate District, 23 East Parade, Harrogate, HG1 5LF

Office use only

Date Received:	Date Patient Contacted: