Advanced AMD
Refer if fulfils guidelines on form

Disciform Scar: Extensive subretinal fibrosis and pigment change at the macula. This shows advanced disease.

Advanced wet AMD - central macular elevation with/without subretinal fluid, hard exudate and some fibrosis.

If best corrected visual acuity is worse than 6/96, these patients may require a hospital assessment on a non-urgent basis.

They may benefit from LVA assessment, visual impairment counselling and/or registration.

Drusen
Refer only if fulfils guidelines on form

Multiple drusen and pigment change.

Large soft drusen.

These appearances are consistent with Age Related Maculopathy (ARM). Patients with drusen commonly notice distortion when shown an Amsler grid. This is less significant than spontaneously reported visual distortion.

Only refer if patient has noticed sudden onset of distortion or blurring of central vision. If the patient smokes they should be encouraged to give up as smoking has been shown to be a risk factor in the development of AMD. These patients may benefit from ocular nutritional supplements.

Wet AMD
Refer if fulfils guidelines on form

Subretinal haemorrhage and subretinal fluid suggest choroidal neovascularisation.

This patient requires urgent referral and assessment.

Intraretinal haemorrhage centrally and exudates deposition superiorly. There may be associated subtle subretinal fluid or thickening. The presence of exudates is an important sign of leakage from choroidal neovascularisation. Refer urgently.

Small areas of intra / sub retinal haemorrhage amongst the drusen suggest choroidal neovascularisation.

This patient requires urgent referral and assessment.

Blood, retinal swelling and exudates deposition at the macula suggest wet AMD requiring urgent referral.

Please refer according to local protocols or use the attached form and fax to the appropriate consultant.
**WET AMD RAPID ACCESS REFERRAL FORM**

Name of Consultant:  
Hospital Contact Details:  

**PATIENT DETAILS**  
NAME:  
DOB:  
HOSPITAL NO:  
(If known)  
ADDRESS:  
CONTACT TEL NOS:  

**GP NAME:**  
**GP SURGERY:**  

**OPTOMETRIST DETAILS:**  
NAME:  
GOC NO:  
TEL:  
PRACTICE:  
ADDRESS:  
FAX:  

**AFFECTED EYE:**  
RIGHT:  
LEFT:  

**PAST HISTORY IN EITHER EYE**  
PREVIOUS AMD  
MYOPIA  
OTHER  

**PRESENTING SYMPTOMS IN AFFECTED EYE**  
(one answer must be yes, please mark the correct box with an ‘X’)  
Duration of visual loss:  
1. Visual Loss  
2. Spontaneously reported distortion  
3. Onset of scotoma (or blurred spot) in central vision  

**FINDINGS**  
Best corrected VA (must be 6/96 or better in affected eye)  
1. Distance VA  
2. Near VA  
3. Macular drusen (either eye)  

In the affected eye ONLY, presence of:  
4. Macular haemorrhage (pre-retinal, retinal, subretinal)  
5. Subretinal fluid  
6. Exudate  

**ADDITIONAL COMMENTS:**  
Fax Form Received and refer informed  

This form is intended for use by optometrists and general practitioners. It is based on the work of the Thames Valley Macular Group, namely: Susan Downes, Consuela Moorman, Lyn Jenkins and Sarah Lucie Watson. This group has audited the results of rapid access referral using this form and The Royal College of Ophthalmologists is keen to highlight and promote examples of good practice.