

**EMERGENCY MACULA (EMAC) SERVICE OPTOMETRIST REFERRAL FORM**

**Tel: 0161 7013419**

**Fax: 0161 7010262**

Patient Name: \_\_\_\_\_  
Patient Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Urgent Contact no. \_\_\_\_\_

Optometrist Name: \_\_\_\_\_  
Practice Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clinical Features**

1. Best Corrected Visual Acuity Right \_\_\_\_\_ Left \_\_\_\_\_

2. Clinical Features in affected eye

- |                     |                                |                               |
|---------------------|--------------------------------|-------------------------------|
| Amsler distortion   | Right <input type="checkbox"/> | Left <input type="checkbox"/> |
| Macular Haemorrhage | Right <input type="checkbox"/> | Left <input type="checkbox"/> |
| Retinal Oedema      | Right <input type="checkbox"/> | Left <input type="checkbox"/> |
| Exudates            | Right <input type="checkbox"/> | Left <input type="checkbox"/> |

3. Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Please confirm which disease you are suspecting based on your clinical examination:

1.  Wet AMD     Myopic CNV     Central Retinal Vein Occlusion  
/ haemorrhagic branch retinal vein occlusion
2.  Unknown / Diagnosis not possible clinically but possibly urgent pathology
3.  Branch Retinal Vein Occlusion (without haemorrhage involving centre of fovea)  
 Diabetic Macular Oedema     Central Serous Retinopathy  
 Vitreomacular Traction     Macular Hole     Epiretinal membrane

Please note, only patients in group 1 above require urgent referral or if group 2 i.e. you are uncertain of the diagnosis which may be urgent and patient needs OCT to confirm. Patients in group 3 if you are confident of the diagnosis may be referred via GP as normal.

Signature.....

Date of referral.....

## EMERGENCY MACULA (EMAC) SERVICE REFERRAL GUIDELINES MANCHESTER ROYAL EYE HOSPITAL

### Referral Process



**FIRST CHOICE.** With patient present please contact the Macular Booking Team and book in an urgent appointment at patient's convenience. Please send an EMAC referral form with patient. **Tel: 0161 7013419**



If it is not possible to make an urgent appointment by telephone, referral may be faxed through. However, please note this may delay first appointment so telephone is preferred to ensure timely appointment. **Fax: 0161 7010262**

Please complete a referral form and give to patient to bring in with the appointment. If patient is seen out of hours / weekend please fax or call next working day.

### Example of patients to refer via EMAC service

- i) Guiding principle should be any patients likely to need urgent intravitreal injection therapy e.g. wet AMD, myopic CNV, central retinal vein occlusion.
- ii) Please also refer if a diagnosis is not possible from clinical examination but you have a high suspicion of urgent macular pathology.

### Example of patients NOT needing EMAC service

The following conditions are unlikely to require urgent intravitreal therapy and do not need referral via the EMAC service. If on clinical examination (or OCT if you do in your practice) you are able to confidently diagnose the following please refer via normal GOS 18. You may still refer via EMAC if the diagnosis is not certain.

- i) Dry AMD
- ii) Vitreo-macular traction / Macular Hole
- iii) Epiretinal membrane
- iv) Branch retinal vein occlusion unless visible haemorrhage at centre of fovea.
- v) Diabetic maculopathy. Refer to GP or via screening service if access to Vector.
- vi) Central Serous Retinopathy

When making a routine referral please advise patient to contact you if they have not heard from the hospital within 4-6 weeks. If you have sent the referral to the patient's GP and you note a delay, it may be useful for you or the patient to also check with the practice if the referral has been received and actioned.