

Hospital Eye Service Referral of Vision Impaired Patient for Social Needs Assessment

About this letter

Eye clinic staff will use this letter (with the consent of the patient) as a referral to request a social needs assessment from the local council or its designated agency. The letter is likely to be used where registration is not currently appropriate, or the patient has declined registration but he or she wishes for advice and information about social, emotional or practical difficulties arising from serious loss of vision. This letter can be used when medical intervention in the future may alter the situation but there are presenting problems in the meantime.

Advice for patients

With your permission, the hospital eye service will send this letter to your local council to ask for you to be contacted for information or advice or other help to be offered. Sending it does not affect the provision of any medical care.

Your local council has a legal duty to:

- advise you of the range of services available to people with sight problems
- carry out an assessment of your needs

If you have any difficulties in relation to these matters, you can obtain independent advice from your local:

- Citizens Advice Bureau
- society for visually impaired people, or
- the RNIB Helpline. Tel. 08457 66 99 99 (local call rate)

If you have a driving licence, please read the important 'Information for driving licence holders'.

Information for driving licence holders

Every driver must be able to read a pre-September 2001 format number plate at 20.5 metres (or a post September 2001 format number plate at 20 metres) in good light.

If your sight is affecting your ability to drive or if the eye specialist has advised you that you are not safe to drive, you are required to contact the:
Drivers Medical Branch

DVLA

Swansea

SA99 1TU

Tel 0870 600 0301 (Monday to Friday 8.15 to 16.30)

The DVLA must be told at once if:

- you **NOW** have any physical or mental disability or condition which affects your fitness as a driver or which might do so **IN THE FUTURE** (you do not need to tell DVLA if the effect of the disability or the condition is not expected to last more than 3 months).
- You come to know **IN FUTURE** that you have such a disability or condition.

Failure to comply is a criminal offence. Drivers who do not meet the vision requirements and who come to the attention of the police may be liable for a fine of up to £1,000.

Consultants:

Mr Philip Bloom Prof Alistair Fielder Mr Nicholas Lee

**Division of Surgery
Department of Ophthalmology**

The Hillingdon Hospital
Pield Heath Road
UXBRIDGE
Middlesex
UB8 3NN

Copies to:

- Patient
- Patient's GP
- Hospital file

Mr Nick Lee/ 01895 279699
Mr Bloom Secretary 01895 279732
Nurses Station 01895 279223

Date:

Re: Patient Details

Email address

GP details:

I am referring this patient to you with his / her consent. This is to alert you to changes in vision which are now making daily life difficult.

I request an assessment of his / her social and support needs. Please also provide details of the range of specialist information or help that is available from you or other agencies.

**Please tick any of these statements which apply.
The patient must consent to this disclosure.**

The patient lives alone

The patient has:

- poor hearing
- difficulty getting about
- arthritis
- heart conditions
- other condition(s) – please specify

In discussion with the patient, we have agreed to alert you to the following information. There are concerns about:

- practical aspects of daily living
- cooking unaided
- getting about safely
- becoming isolated
- feelings of distress
- coping at work
- coping at school / college
- responsibilities as a carer for a third party
- other(s) – please specify

In my view these concerns require contact with the patient to be made:

- immediately (i.e. potential risk factors present)
- within the next two weeks
- as soon as possible

Please contact the patient in the first instance by:

- phone
- visit Interpreter / translation required
- letter
- email

He / she would prefer information in _____ (language)

The patient would prefer further information to be made accessible by:

- large print tape
- computer disk email to: _____

The patient has been given a copy of this referral letter for information. The patient understands that he / she will be contacted by your organisation without further action on his / her part.

Please contact the patient acknowledging receipt of this referral letter, and advise him / her of the anticipated date for assessment (This is in accordance with the Association of Directors of Social Services national standards.)

Signatures and declarations

Eye clinic staff

I have advised the patient of the contents of this letter, including the 'Notice to driving licence holders'.

Signature:

Name:

Patient

I have seen, or been advised of, the contents of this letter, including the 'Notice to driving licence holders'.

I consent to a copy of this letter being sent to my local authority (or its agent) and my general practitioner.

Signature:

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