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The patient meets the criteria and can continue with community OHT assessment

The outcome of the assessment was:

The patient was referred back to the hospital service as the patient no longer meets the OHT criteria

I confirm that I have seen the Management Plan issued to the patient by the hospital

Please complete the feedback form below when the patient attends for their **first** visit to the Community Optometry Ocular Hypertension Monitoring Scheme.

**Once form completed email a scanned copy to** [**sharon.cook@wakefieldccg.nhs**](mailto:sharon.cook@wakefieldccg.nhs)

***Yes No***

□ □



I have carried out an OHT monitor assessment as per the OHT Guidelines

4) Please say if and how you feel the discharge process / Management Plan could be improved in future?

3) Was the Management Plan easy to follow and understandable?

***Yes No***

□ □

If no, what information was missing?

**…………………………………………………………………………………………………..…..**

2) Did the plan contain all the information required?

***Yes No***

□ □

1) Did the patient present to you the Management Plan issued by the hospital?

**Community Ocular Hypertension (OHT) Monitoring Service**

**Provider Feedback Form**



