

First Contact Services – MECS etc (for use during COVID-19 Restrictions)

Px Name:..... GP: **(Local only)**

Date:..... Surgery:.....

Address: DoB:

Phone:..... Time of call: Taken by:

Section 1		
Are you currently self-isolating?	Yes	Please progress to section 2.
	No	Go to Next Question
Do you have recent onset continuous cough and / or high temperature?	Yes	Please progress to section 4.
	No	Arrange telephone / video consultation to determine if face 2 face appointment required.
Section 2		
Are you self-isolating due to having COVID linked symptoms or due to living with someone with COVID linked symptoms?	Yes	Please progress to section 4.
	No	Please progress to section 3.
Section 3		
If you are self-isolating without COVID linked symptoms, are you happy to come in for appointment, despite the higher risk of exposure to COVID-19?	Yes*	Arrange telephone / video consultation to determine if face to face appointment required.
	No	Please progress to section 4.
Section 4		
Did the initial triage result in the patient requiring urgent or routine assessment?	Routine	Arrange telephone / video consultation to determine if face 2 face appointment required.
	Urgent	Please progress to section 5.
Section 5		
Why is the appointment timeframe determined to be urgent?	Red Eye – Painful and/or Sensitive to Light and/or Vision affected	Arrange telephone / video consultation to determine if can be managed remotely or if need to call urgent eye care department to discuss next steps.
	All other symptoms	Call local urgent eye care department to discuss next steps.

The Optometrists should offer the patient a telephone or video consultation (see additional guidance) so that a detailed remote consultation can be carried out to ascertain next steps in patients care.

*Patient in at risk group **must** be made aware that they will be exposing themselves to an increased risk of exposure to COVID-19 before you arrange an appointment for them.