Suspected anterior uveitis: referral

Original independent practice. All patient findings and arrangements are fictional case facts, not general clinical recommendations. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today is 3 November 2026. Ms Cannan has been assessed at your general practice. You are the general practitioner assessing Ms Cara Cannan. Using the case notes, write a referral letter to Dr Freya Doudigan, Consultant Ophthalmologist, Same-day Eye Clinic, 14 Clinic Road, SW1A 2AA, requesting the same-day assessment already agreed by telephone for suspected anterior uveitis. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Cara Cannan	☐	☐	☐
2. DOB: 17/05/1978 (48 yrs)	☐	☐	☐
3. GP assessment: 03/11/26, 11:00; first presentation with these symptoms	☐	☐	☐
Social background			
4. Lives with adult daughter; daughter available to accompany her today	☐	☐	☐
5. Library assistant; usual work involves prolonged reading	☐	☐	☐
6. Enjoys knitting; recently completed a scarf	☐	☐	☐
7. Complained receptionist sounded unfriendly when arranging today's appointment	☐	☐	☐
Medical and ocular history			
8. Reading glasses for 5 yrs; used for near work only	☐	☐	☐
9. Longstanding near-vision difficulty unchanged; no recent prescription change	☐	☐	☐
10. Routine optometry review 1 yr ago; no eye disease reported	☐	☐	☐
11. No known inflammatory disease; no previous similar eye episode	☐	☐	☐
12. No regular medication; no known drug allergies	☐	☐	☐
13. Ankle sprain 2022; recovered fully	☐	☐	☐
Current presentation			
14. L red eye since yesterday morning → worse today	☐	☐	☐
Current presentation			
15. Deep ocular ache and marked photophobia; difficulty keeping L eye open	☐	☐	☐
16. New blurred distance vision today; R eye asymptomatic	☐	☐	☐
17. Watering; no purulent discharge or eyelid crusting	☐	☐	☐
18. No trauma, chemical exposure, contact lenses or recent eye surgery	☐	☐	☐
19. No severe headache, nausea or haloes reported	☐	☐	☐
Examination			
20. Unaided distance VA: L 6/18, pinhole 6/12; R 6/6	☐	☐	☐
21. L circumlimbal injection; no lid swelling	☐	☐	☐
22. L pupil smaller than R; sluggish light response	☐	☐	☐
23. Cornea appears clear on torch examination	☐	☐	☐
24. Fluorescein: no corneal staining seen	☐	☐	☐
25. No slit lamp/tonometer available; anterior chamber/IOP not assessed	☐	☐	☐
Assessment and plan			
26. Working diagnosis: suspected anterior uveitis; requires specialist confirmation	☐	☐	☐
27. Dr Freya Doudigan accepted same-day eye-clinic assessment by telephone; appointment 13:00	☐	☐	☐
28. No ocular treatment commenced before specialist review	☐	☐	☐
29. Daughter taking her directly to clinic; advised not to drive	☐	☐	☐
30. Advised emergency department immediately if vision lost before assessment	☐	☐	☐

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