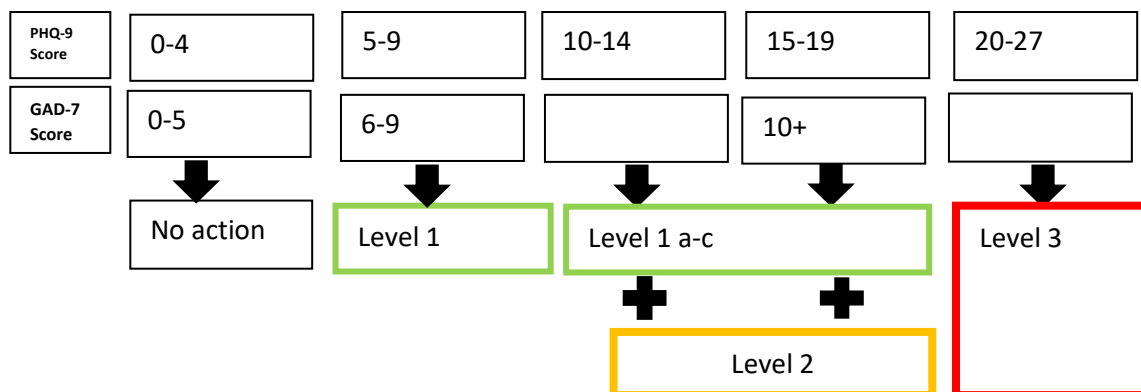


**Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7):**

**Actions to take based on score results**



Level 1 – Enquiries	Actions
a. Enquire if their eye condition or its management is contributing to how they are feeling	Yes - Continue with level 1 questions <input type="checkbox"/> No - Notify ( <b>INSERT: Preferred referral to take further action e.g. Primary Care/GP</b> ) using letter 1 <input type="checkbox"/> <b>No need to continue with level 1 questions</b>
b. Discuss ophthalmic related causes of distress and anxiety including: - Issues with treatment including discomfort - Problem with appointments/ knowing when to return - Need for further information - Fear of long-term issues/ prognosis	Discussed issues with treatment/fears/prognosis <input type="checkbox"/> Appointments adapted if needed <input type="checkbox"/> Information leaflet given <input type="checkbox"/> Referred to ( <b>INSERT: Local Patient Organization/Peer Group or other support group as applicable</b> ) for further support <input type="checkbox"/> ( <i>INSERT ORGS NAME AND CORRESPONDING BENEFITS.</i> Example: The ( <i>INSERT: Vision Loss Group</i> ) offer advice, counselling and training for patients with sight loss. Refer to ( <b>INSERT CONTACT INFO</b> )
c. Maximise patient vision - Discuss cataract surgery if appropriate - Discuss registration as partially/fully sight impaired if patient is eligible - Assess if Low Vision Assistance (LVA) would be helpful - Optimising prevention diet/ supplements	Cataract surgery discussed if appropriate <input type="checkbox"/> Refer to LVA if appropriate <input type="checkbox"/> Register if patient is eligible <input type="checkbox"/> Advised re: diet/supplements <input type="checkbox"/>
<b>Notify GP of above actions -Use letter 2 template <input type="checkbox"/></b>	
Level 2 – Enquires	Actions
Advise patient symptoms are significant and they may benefit from outside help	Patient will self-refer <input type="checkbox"/> Referral to be completed in hospital with patient <input type="checkbox"/> Patient declined <input type="checkbox"/> Online form <a href="https://www.selfhelpservices.org.uk/referral-decision/?sid=6068">https://www.selfhelpservices.org.uk/referral-decision/?sid=6068</a>
<b>Letter to GP - Use letter 3 template <input type="checkbox"/></b>	
Level 3 – Enquiries	Actions
Enquire if patient has thoughts of harming themselves and has plans to act on them	<b>Yes:</b> Refer to ( <b>INSERT: Local Psychiatry Clinic and Contact Information</b> ) <input type="checkbox"/> Urgent GP letter using template 4 <input type="checkbox"/> <b>No:</b> Offer support via level 1 actions a to c <input type="checkbox"/> urgent letter to GP using letter 3 <input type="checkbox"/> Ask staff member to ring GP to ensure urgent follow up arranged <input type="checkbox"/>