Stockport NHS
NHS Foundation Trust

Referral document for Optometrists and GPs to refer to the service

Orthoptic Department
Outpatients B
Stepping Hill Hospital
Poplar Grove
Stockport
SK2 7JE

Referral of a child to the Orthoptic Department

Child's Name:		**Sex:**	
NHS No:		**DOB:**	
Address:			
Telephone No:			
GP Practice:			

Reason for referral:

Clinician Name:			
Clinician Designation:			
Clinician Address:		**Tel:**	
Signed:		**Date:**	