

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Meibomian cyst (Chalazion)

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS / Secondary Care complete the checklist and file for future compliance audit.

The SY ICB will only fund surgical treatment of chalazia when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets two or more of the following criteria</i>	Delete as appropriate	
Conservative treatment has been tried for at least 3 months AND	Yes	No
Interferes with vision OR	Yes	No
Interferes with the protection of the eye due to altered lid closure or anatomy OR		
Is a source of infection requiring medical attention at least twice within the last six months OR	Yes	No
Is a source of infection causing an abscess requiring drainage	Yes	No

** If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to the Individual funding request policy for further information. If patient meets the above criteria then prior approval is not required.*

A meibomian cyst/chalazion that keeps coming back should be biopsied to rule out malignancy. Use the appropriate referral route for suspected malignancy in this case.