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|  **Date: Direct cataract referral for optometrists accredited to Bucks CCG** |
|  Title Surname Other names | D.O.B. |
| Address | Tel. no. |
|  Postcode NHS No Hosp No |
|  GP name GP practice GP codeGP telephone no |
| **Most recent refraction** | Sph | Cyl | Axis | Prism | VA | Ph VA | Add | NVA |
| Date R |  |  |  |  |  |  |  |  |
| Dispensed yes / no L |  |  |  |  |  |  |  |  |
| **Rx. prior to myopic shift** | Sph | Cyl | Axis | Prism | VA | Cataract type |
|  Date R |  |  |  |  |  |  |
| L |  |  |  |  |  |
|  | Cornea | C/D ratio | IOP (time & method) |  Macula | Other observations |
| **Dilated Eye Examination** | R |  |  |  |  |  |
| Date | L |  |  |  |  |
| **Information for triage of patients** | **Social information** |
|  Insulin controlled diabetic yes / no Complex medical history (See guidance) yes / no Unable to transfer from wheelchair yes / no Unable to lie flat yes / no Evidence of confusion/dementia yes / no Presence of head tremor yes / no Language barrier yes / no Hearing difficulties yes / no |  Needs to meet DVLA requirements yes / no Is still in employment yes / no Lives alone yes / no VA 6/12 or better (give symptoms below) yes / no Pre existing myopia over 6 DS yes / no Previous corneal refractive surgery yes / no Fellow eye amblyopic 6/18 or worse yes / no Fellow eye blind yes / no |
| **Other relevant information or additional optometrist comments for triage.**  |
| **Medication** |
|  **Previous cataract surgery** yes / no R / L Date Where |
| Can make own transport arrangements on day of surgery yes / noWill have support at home on night of surgery yes / noBooklet has been issued and contents discussed yes / no |
| **I understand that the main reason for my reduced vision is cataract and I wish to proceed with the cataract operation. I also consent to the provider receiving relevant patient information.** | **Patients signature** |
| **Referring optometrist** | Practice address |
| Name SignatureGOC No. |
| One copy to [bht.cataractreferrals@nhs.net](bht.cataractreferrals%40nhs.net), one copy to GP, another copy to be retained with the patient's record |