Addenbrooke's Hospital NHS
Cambridge University Hospitals NHS Foundation Trust

Direct Referral Form for Cataract Surgery

Patient's Name: **DOB:**	**GP's Name:**	**Optometrist's Name:**
Address: Postcode: Tel No: NHS No:	Address: Postcode: GP in Cambridgeshire? Yes / No	Address: Postcode: Tel No:

Reason for referral/symptoms:

Ocular Co-morbidity/POH:

Rx	**R Sph.**	**Cyl.**	**Axis**	**BC VA**	**L Sph.**	**Cyl**	**Axis**	**BC VA**	**Add**
Current									
Previous									

Cataract Grade

R			L		
	Clear			**Clear**	
	Nuclear	mild / mod / severe		**Nuclear**	mild / mod / severe
	Cortical	mild / mod / severe		**Cortical**	mild / mod / severe
	PSC	mild / mod / severe		**PSC**	mild / mod / severe
	Pseudophakia			**Pseudophakia**	

List for cataract surgery in right or left eye? ☐

CCG[1] Referral Threshold met? Yes / No
Referrals that do not meet local CCG guidelines will not be accepted

Pupils dilates well Yes / No RAPD Yes / No
Difficult fundoscopy Yes / No (Please indicate reason): Blepharitis Y / N

IOP (NCT/AT)	**R**	**L**
Cornea	**R**	**L**
AC (Van-Herick)	**R**	**L**
Disc	**R**	**L**
Fundus/ Macula	**R**	**L**

Medical History *(To be completed by the Optometrist)*

Diabetes: Y/N Hypertension: Y/N Heart attack: Y/N Stroke: Y/N
Short of breath: Y/N Poor mobility: Y/N Is able to lie down flat: Y/N

Medication: Warfarin ( ) Insulin ( ) Alpha Blocker ( ) Other
Social History: *(eg driver, working, carer)*
Other: Transport needed? Y/N Risks/benefits discussed? Y/N Written information provided? Y/N Interpreter required? Y/N

Additional information?

I confirm the patient has consented to the sharing of personal and clinical information contained within this form Yes / No
By submitting this referral you are confirming that you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf Yes / No

Optometrist's signature: _____ Date: _____

1 **Cambridgeshire & Peterborough CCG Referral Threshold:** BCVA ≤6/12 [LogMAR 0.30] in worst eye and willing to undergo surgery *OR* BCVA >6/12 in worst eye, but binocular vision does not meet DVLA AND willing to undergo surgery.
Patients who do not meet CCG criteria will need to visit their GP for consideration of exceptional case funding.