Direct Referral Form for Cataract Surgery

Patient's Name:	GP's Name:	Optometrist's Name:
DOB:		
Address:	Address:	Address:
Postcode:		
Tel No:	Postcode:	Postcode:
NHS No:	Tel No:	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

PCT Referral Threshold met* (please use code as described below)

R	Clear		L	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?

Blepharitis: Y/N	A/C depth: Deep/Shallow	Pupil dilates well: Y/N	N Difficult fundoscopy: Y/N	RAPD present: Y/N
Cornea:	R:		_:	
				Indicate if opacity
IOP:	R:	mmHg	_:	mmHg
Disc:	R:		_:	
				Indicate cup-disc ratio
Fundus:	R:		_:	
				Indicate macular status

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	

Current Drugs:			Choice of care provider
Social History:			
(e.g. driver, working, carer)			
Other:			
Transport needed? Y/N	Written information provided? Y / N		
Optometris	st's signature:	Date:	
Patient's s	ignature:	Date:	

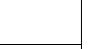
Copes to be printed: 1 for the optometrist, 1 for the patient, 1 for the GP and 1 for the secondary care provider/RMS

*PCT referral classification code 1 Visual acuity (BC)is 6/12 [Snellen] or 0.30 [LogMAR] or worse in the worst eye.

2 Visual acuity (BC) is better than 6/12 [Snellen] or 0.30 [LogMAR] in the worst eye

- AND at least one of either: Significant glare or dazzle in daylight due to lens opacities,
- Difficulty with night vision due to lens opacities particularly if driving,
- 2a 2b 2c 2d 2e 2f 2g 2h 2i A requirement for good vision for employment purposes, Difficulty reading,
- Significant Anisometropia / Anisekonia, Management of other coexisting eye conditions,
- Coexisting condition (need to detail on referral), Refractive error primarily due to cataract,

A diabetic classified with an DRSS ungradable photograph.



Cambridgeshire

Please circle once printed Care Provider Copy Patient Copy GP Copy **Optometrist Copy**