

Direct Referral Form for Cataract Surgery

Patient's Name:	GP's Name:	Optometrist's Name:
DOB:		
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Tel No:	Tel No:	Tel No:
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	Difficult fundoscopy: Y/N	RAPD present: Y/N
Cornea:	R:	L:	<i>Indicate if opacity</i>	
IOP:	R: mmHg	L: mmHg		
Disc:	R:	L:	<i>Indicate cup-disc ratio</i>	
Fundus:	R:	L:	<i>Indicate macular status</i>	

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:
Social History: (e.g. driver, working, carer)
Other: Transport needed? Y/N Written information provided? Y/N

Choice of care provider

Optometrist's signature: _____

Date: _____

Patient's signature: _____

Date: _____

Copies 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:
 - 2a Significant glare or dazzle in daylight due to lens opacities,
 - 2b Difficulty with night vision due to lens opacities particularly if driving,
 - 2c A requirement for good vision for employment purposes,
 - 2d Difficulty reading,
 - 2e Significant Anisometropia / Aniseikonia,
 - 2f Management of other coexisting eye conditions,
 - 2g Coexisting condition (need to detail on referral),
 - 2h Refractive error primarily due to cataract,
 - 2i A diabetic classified with an DRSS ungradable photograph.

Please circle once printed

Care Provider Copy

Patient Copy

GP Copy

Optometrist Copy