

Cataract Referral Shared Decision Form: For patients in Sussex, Brighton and Hove



1. Patient details				2. GP practice details	
Surname		Title		Referral date	
First names				Practice name	
DOB				Practice code	
NHS No.				Referred by	
Ethnicity				Practice Address	
Address					
Postcode				Postcode	
Tel home				Tel	
Tel mobile					
Tel work					
Email				Email	

3. Optician details	
Optician Name	Referring Optometrist name
Optician ODS code	Referring Optometrist/ OMP- GOC/ GMC No

4. TO BE COMPLETED BY THE OPTOMETRIST/OMP – please complete all information clearly	
<input type="checkbox"/> I have explained the cataract surgery process, the risks/ benefits and given the booklets	
Is the patient currently being seen/monitored by the hospital for any other eye condition? Yes / No If Yes, please give details below	
Please indicate the patients need for surgery in which eye: <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye <input type="checkbox"/> Both eyes Priority being: <input type="checkbox"/> Right <input type="checkbox"/> Left	
Patients preferred language:	
Refraction details from current sight test:	
V	Sph Cyl Axis Prism Base VA Add Near VA
RE	
LE	
Optometrist signature:	Date:

5. Other ocular pathology and relevant information (e.g. Amblyopia, large increase in myopia).	
Target corrected vision (optional):	
Distance:	<input type="checkbox"/>
Near:	<input type="checkbox"/>
Match with Fellow Eye:	<input type="checkbox"/>

6. LIST OF PROVIDERS - Please refer through e-RS or where agreed, through the directly commissioned referral route	
East Sussex Healthcare 0300 131 4500	<input type="checkbox"/> BEXHILL Hollier's Hill, Bexhill-on-Sea, TN40 2DZ <input type="checkbox"/> EASTBOURNE Kings Drive, Eastbourne, BN21 2UD
University Sussex Hospitals (east) 01273 696955	<input type="checkbox"/> BRIGHTON Eastern Road, BN2 5BF
University Sussex Hospitals (west) Chichester 01243 788122 Southlands 01903 205111	<input type="checkbox"/> CHICHESTER Spitalfield Lane, PO19 6SE <input type="checkbox"/> SHOREHAM-BY-SEA Upper Shoreham Road, BN43 6TQ
Queen Victoria Hospital Tel: 01342 414000	<input type="checkbox"/> EAST GRINSTEAD Queen Victoria Hospital, RH19 3DZ
Surrey and Sussex Healthcare 01293 600300	<input type="checkbox"/> CRAWLEY West Green Drive, Crawley, RH11 7DH
BMI Goring Hall Hospital 01903 506699	<input type="checkbox"/> WORTHING Bodiam Avenue, Goring-by-Sea, BN12 5AT
Other	

7. TO BE COMPLETED BY THE PATIENT - to help decide if surgery appropriate				
Level of Vision Difficulty	No difficulty	Slight difficulty	Moderate difficulty	Great difficulty
Day or night glare				
Reading text in newspaper				
Recognising faces				
Seeing prices when shopping				
Walking on uneven ground				
Reading text on TV or your phone				
Seeing to carry out an activity/hobby				
Seeing to drive or use public transport				
Seeing to work, give care or live independently				
Checklist				
I have received the information leaflet and the risks and benefits have been explained				
I would like to proceed to surgery under local anaesthetic via the one-stop clinic				
I have selected my provider from the list given (see section 6)				

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Please contact the Public Involvement Team on the details below if you have any questions or require this in an alternative format:

Email: sxccg.involvement@nhs.net

Call: 01903 708 411

Post: FREEPOST - RTUZ-ECYG-ERRK

Attn: Public Involvement Team, NHS Brighton & Hove Clinical Commissioning Group

Hove Town Hall, Norton Road, Brighton, BN3 4AH

Deaf British Sign Language (BSL) users can contact us between 9am – 5pm Monday - Friday through the Video Relay Service (VRS) 'SignLive'. Simply download the SignLive app at <https://signlive.co.uk/login/>, register your details, and search for NHS Brighton and Hove in the Community Directory. If the call goes to answerphone please leave a message, with your name and SignLive ID code and we will call you back as soon as possible.