|  |  |
| --- | --- |
| 1. **Patient details**
 | 1. **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       |

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| 1. **Optician details**
 |
| Optician Name       Referring Optometrist name       |
| Optician ODS code       Referring Optometrist/ OMP- GOC/ GMC No       |

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| 1. **TO BE COMPLETED BY THE OPTOMETRIST/OMP – please complete all information clearly**
 |
| [ ]  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: [ ]  Right eye [ ]  Left eye [ ]  Both eyes Priority being: [ ]  Right [ ]  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: |

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| 1. **Other ocular pathology and relevant information (e.g. Amblyopia, large increase in myopia).**
 |
|       |
| Target corrected vision (optional):Distance: Near: Match with Fellow Eye:  | [ ] [ ] [ ]  |

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| 1. **LIST OF PROVIDERS** - Please refer through e-RS or where agreed, through the directly commissioned referral route
 |
| East Sussex Healthcare0300 131 4500 |  **[ ]  BEXHILL**  Hollier’s Hill, Bexhill-on-Sea, TN40 2DZ **[ ]  EASTBOURNE** Kings Drive, Eastbourne, BN21 2UD |
| University Sussex Hospitals (east)01273 696955 |  **[ ]  BRIGHTON**  Eastern Road, BN2 5BF |
| University Sussex Hospitals (west)Chichester 01243 788122Southlands [01903 205111](https://www.google.co.uk/search?q=southlands+hospital+shoreham&safe=strict&ei=QIfyYcnuPNOFhbIP3-Kl6A8&ved=0ahUKEwjJjr6C79H1AhXTQkEAHV9xCf0Q4dUDCA4&uact=5&oq=southlands+hospital+shoreham&gs_lcp=Cgdnd3Mtd2l6EAMyCwguEIAEEMcBEK8BMgYIABAWEB4yBggAEBYQHjIGCAAQFhAeMgYIABAWEB4yBggAEBYQHjIGCAAQFhAeMgYIABAWEB4yCQgAEMkDEBYQHjIGCAAQFhAeOgcIABBHELADOgcIABCwAxBDOgoIABDkAhCwAxgAOhIILhDHARCvARDIAxCwAxBDGAE6BAgAEEM6CwgAEIAEELEDEIMBOg4ILhCABBCxAxDHARCjAjoFCAAQgAQ6EQguEIAEELEDEIMBEMcBENEDOhEILhCABBCxAxCDARDHARCjAjoLCC4QxwEQrwEQkQI6CwguEMcBENEDEJECOgoILhDHARCvARBDOgQILhBDOgUIABCRAjoUCC4QgAQQxwEQrwEQiwMQpgMQqAM6DgguEIAEEMcBEK8BEIsDOgsIABCABBCxAxCLAzoLCC4QgAQQsQMQiwM6CAgAEIAEELEDOgUILhCABDoOCC4QgAQQiwMQqAMQnQM6CAguEIAEEIsDOggIABCABBCLAzoRCC4QgAQQsQMQiwMQpAMQqAM6DggAEIAEELEDEIMBEIsDSgQIQRgASgQIRhgBUKwOWJtcYKRlaAdwAngBgAH_AogBoCSSAQgxLjMyLjAuMZgBAKABAcgBE7gBAsABAdoBBggAEAEYCdoBBggBEAEYCA&sclient=gws-wiz) | **[ ]  CHICHESTER**  Spitalfield Lane, PO19 6SE **[ ]  SHOREHAM-BY-SEA** Upper Shoreham Road, BN43 6TQ |
| Queen Victoria HospitalTel: 01342 414000 | **[ ]  EAST GRINSTEAD**  Queen Victoria Hospital, RH19 3DZ  |
| Surrey and Sussex Healthcare 01293 600300 |  **[ ]  CRAWLEY**  West Green Drive, Crawley, RH11 7DH |
| BMI Goring Hall Hospital01903 506699 |  **[ ]  WORTHING** Bodiam Avenue, Goring-by-Sea, BN12 5AT |
| Other |  |

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| 1. **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) | [ ]  |

**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.