

# 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								
<b>Is the patient currently being seen/monitored by the hospital for any other eye condition?</b> 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:								
<b>Refraction details from current sight test:</b>								
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"/> <b>BEXHILL</b> Hollier's Hill, Bexhill-on-Sea, TN40 2DZ <input type="checkbox"/> <b>EASTBOURNE</b> Kings Drive, Eastbourne, BN21 2UD
University Sussex Hospitals (east) 01273 696955	<input type="checkbox"/> <b>BRIGHTON</b> Eastern Road, BN2 5BF
University Sussex Hospitals (west) Chichester 01243 788122 Southlands 01903 205111	<input type="checkbox"/> <b>CHICHESTER</b> Spitalfield Lane, PO19 6SE <input type="checkbox"/> <b>SHOREHAM-BY-SEA</b> Upper Shoreham Road, BN43 6TQ
Queen Victoria Hospital Tel: 01342 414000	<input type="checkbox"/> <b>EAST GRINSTEAD</b> Queen Victoria Hospital, RH19 3DZ
Surrey and Sussex Healthcare 01293 600300	<input type="checkbox"/> <b>CRAWLEY</b> West Green Drive, Crawley, RH11 7DH
BMI Goring Hall Hospital 01903 506699	<input type="checkbox"/> <b>WORTHING</b> Bodiam Avenue, Goring-by-Sea, BN12 5AT
Other	

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

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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.