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| 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).** | |
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| 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 Healthcare  0300 131 4500 | **BEXHILL**  Hollier’s Hill, Bexhill-on-Sea, TN40 2DZ  **EASTBOURNE**  Kings Drive, Eastbourne, BN21 2UD  **HASTINGS (as Sussex Premier Health)**  The Ridge, St Leonards, Hastings TN37 7RE |
| University Sussex Hospitals (east)  01273 696955 | **BRIGHTON**  Eastern Road, BN2 5BF |
| University Sussex Hospitals (west)  Chichester 01243 788122  Southlands [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=_AogBoCSSAQgxLjMyLjAuMZgBAKABAcgBE7gBAsABAdoBBggAEAEYCdoBBggBEAEYCA&sclient=gws-wiz) | **CHICHESTER**  Spitalfield Lane, PO19 6SE  **SHOREHAM-BY-SEA**  Upper Shoreham Road, BN43 6TQ |
| Queen Victoria Hospital  Tel: 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 Hospital  01903 506699 | **WORTHING** Bodiam Avenue, Goring-by-Sea,  BN12 5AT |
| SpaMedica  Tel: 0330 058 4280 | **BRIGHTON,** Ground Floor, Pavilion House, Kings Business Park, Reeds Ln, Sayers Common, Hassocks BN6 9LS  **BEXHILL,** Ground Floor South, High Weald House, Bexhill Enterprise Park, Bexhill TN39 5ES |
| Optegra  Tel: 0800 077 3727 | **BRIGHTON,** Eye Clinic, Sussex House, Optegra, Crowhurst Rd, Brighton BN1 8AF  **FAREHAM,** Fusion 3, 1200 Parkway, Whiteley, Fareham PO15 7AD  **GUILDFORD,** The Surrey Research Park, 10 Alan Turing Rd, Guildford GU2 7YF  **MAIDSTONE,** 10 Kings Hill Ave, Kings Hill, West Malling ME19 4AR |
| Practice Plus Group  Tel: 0333 321 8277 | **PORTSMOUTH,** Milton Rd, Portsmouth PO3 6DW |
| Benenden Hospital Tel: [01580 230661](https://www.google.co.uk/search?q=benenden+hospital+kent&safe=strict&sca_esv=584237559&ei=gXhcZfTHIKKehbIP1MeP2As&gs_ssp=eJzj4tZP1zcsiS_JyjEoMmC0UjWoMDFPSTMytjC1sLBMMjEyMLcyqEg0MzMyMrewNLZINDE2M7bwEktKzUvNS0nNU8jILy7ILEnMUchOzSsBACkqFmY&oq=BENDEAN+HOSPITAL&gs_lp=Egxnd3Mtd2l6LXNlcnAiEEJFTkRFQU4gSE9TUElUQUwqAggAMg0QLhiABBgNGMcBGK8BMgcQABiABBgNMgcQABiABBgNMgcQABiABBgNMgcQABiABBgNMgcQABiABBgNMgcQABiABBgNMgcQABiABBgNMgcQABiABBgNMgcQABiABBgNMhwQLhiABBgNGMcBGK8BGJcFGNwEGN4EGOAE2AEBSIA-UABYpi9wAHgBkAEBmAGWA6ABhhKqAQozLjExLjAuMS4xuAEByAEA-&sclient=gws-wiz-serp) | **CRANBROOK,** Goddard's Green Road, Cranbrook TN17 4AX |

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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 if you require this in an alternative format:**

Email:  sxicb.involvement@nhs.net

For interpreting services and/ Deaf British Sign Language (BSL) please visit the NHS Sussex website [Translation and interpreting - NHS Sussex (ics.nhs.uk)](https://int.sussex.ics.nhs.uk/primary-care/general-practice/practice-guidance/accessibility-and-primary-care/translation-and-interpreting-services/)