Direct Access Cataract Referral Form

NHS
Frimley Health
NHS Foundation Trust

Please email to fhft.ophthalmology.referrals@nhs.net (secure only from an NHS.net account)

Left Eye		Right Eye		Bilateral	

Patient's Details	
First Name	
Surname	
DOB	
NHS Number	
Address	
Phone	
Mobile	
Email	

Optometrist / Practice	
Optometrist	
Practice	
Phone	
Patient's GP	
GP Name	
Practice	
Code	

		Sph	Cyl	Axle	Prism	Base	VA	Add	N VA	CD Ratio	IOP	IOP Method	Date
Current Refraction	R												
	L												

		Sph	Cyl	Axle	Prism	Base	VA	Add	N VA	Date
Previous Refraction	R									
	L									

Van Herrick Grade	
RE	LE

What visual impairment is being experienced?	Yes	No
Distance Vision		
Near Vision		
Glare		
Driving		
Monocular Diplopia		
Asymmetric Refraction		
	Yes	**No**
Does the patient's vision adversely affect their lifestyle?		
Have you discussed the risks and benefits of surgery?		
Does the patient wish to consider having cataract surgery?		
The patient has been given an information leaflet on cataracts and referral to an eye clinic		

Medical History	Yes	No
Diabetes		
Hypertension		
Previous stroke or heart attack		
Short of breath		
Mobility Issues		
Anticoagulants/antiplatelets		
Insulin		
Alpha-blocker		
Previous refractive surgery		
Any other details:		

Patient requires interpreter: Yes / No **Language:**

Signature: **Print Name:** **Date:**