Optometrist Post Cataract Surgery Follow up Report Referral Support Service Administration Use Booking Completed: Patient's name: Date of Birth: Address: Telephone: Mobile No: Registered GP: Date of Follow-up Examination: Surgery to: RE LE

R VA Add VA Add VA

Slit lamp examination:

Round Pupil?

Position of pupil?

Anterior chamber activity:

White eye?

Incision:

Intra-ocular tensions:

R
L

Fundus Examination:

R L

To be listed for second eye?

Meets ARP Policy?

Patient consents to second eye?

Any change to health?

Would the patient like to go back to same provider?

If yes please state who undertook previous surgery.

If No please state choice of provider.

ARP policy link: http://3xmatc1p0cnc3crfv93ovogp-wpengine.netdna-ssl.com/wp-content/uploads/2019/10/ARP-19-Cataracts-BCT-1.1-231019.pdf

COMMENTS	
OPTOMETRIST NAME	
Telephone:F	AX:
Practice name	
Address:	Optom No:
	(Contract number provided by PCL)
	Surgery Performed by (ie Leicester Royal)

Should a clinical problem arise from the Follow up Examination, please feel free to speak to Specialist Ophthalmic Nurse: Tel: 0116 258 6273

NB PLEASE EMAIL THIS FORM TO REFERRAL SUPPORT SERVICE ON triageteam@uhl-tr.nhs.uk or FAX 01664 854932