Optometrist direct referral for cataract surgery plus choice

Statement: I am referring this patient with symptomatic cataract for consideration for cataract surgery in the NHS. The patient is aware of this referral.

NHS Number:

Patient's Name: Patient's address: Date of Birth: Patient's tel no:	GP's name: GP's address: GP's tel no:	Optometrist's name: Practice Name & Address: Optometrist's tel no:

■ **Surgery required on:** - Please tick appropriate box(es) - **First eye** ☐ **Second eye** ☐ **Right eye** ☐ **Left eye** ☐

Current Status:	Right eye	Left eye	
Unaided vision:			
Best corrected vision:	Monocular:	Monocular:	Binocular:
Refraction:			
Previous BCVA:			
Date:			
Intraocular pressure / Retina:			

■ **Relevant past ophthalmic history:**

Glaucoma?
Macular degeneration?
Others?
Current ophthalmic medication:

■ **Relevant medical history:** (Type 'X' in the box if needed)

Hypertension ☐ Diabetes ☐ Anticoagulation ☐

Other:
Drug allergy:

■ **General Factors:**

Difficulty lying flat?
Claustrophobia?
Previous reaction to ops under local anaesthetic?

■ **Choice of provider service:**

Leaflets given to patient: *Cataracts and Cataract Surgery – A guide to your choice of hospital* ☐

Patient prefers treatment at this hospital:
Patient – I agree to attend the choice of provider I have made for the procedure or course of treatment described on this form: Yes ☐ No ☐
I agree/do not agree that any Ophthalmologist to whom I am referred for medical consultation and/or treatment may make information relevant to my eye condition and its treatment available to my Optometrist/Ophthalmic Medical Practitioner. Patient's signature……..…… Date……

rInstructions to optometrist:

1. Hand out information regarding cataract surgery to patient and ask them to read it carefully before attending their pre-assessment clinic.
2. Fax this completed form to Evolutio on 0333 240 7729 along with completed T11a

Optometrist's signature……..…… Date……

Print Name……..……

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