Patient Name «Title» «FirstNames» «Surname» Patient Address «Address1» «Town» Telephone Home: «TelHome» Occupation Driver yes / no		Mobile	Date of Birth «DateOfBirth» Male/female Post code «Postcode» Mobile: «TelMobile» NHS Number				
Referring Optometrist Name Address			General Practitioner Address «GPsSurgery» «GPsAddress1» «GPsTown» «GPsPostcode»				
Postcode Telephone			Postcode «GP Telephone	'sPostcode»			
Visual status	Right		VA	Left			VA
Current Refraction Dist (Date) Near							
Previous Refraction Dist (Date:) Near							
Description of Cataract							
Any other eye co-morbidities (inc ARMD corneal problems etc)							
Dilated yes / no Post. Pole vi	iew easy / difficult	Eye fo	r surgery R/L	1 st / 2 nd Eye	IOP R	l L	-
Most people do very well with caloss of sight in the operated eye Some people have other condition PATIENT CHOICE	in 1 in 1000.			al result.	s which incl	ude com	plete
Language hospital translator service needed	ves / no Brind	g own trar	nslator ves / no	Transport Hospital transpo	ort needed	ves / no	ı
Does the patient complain of visual difficulties yes / no Does patient want to consider cataract surgery yes / no Priority: Routine / Urgent						yes / no	
Patient's chosen location for ref	erral:						
Other Comments:							

Date:

Optometrist Signature