

# Direct Cataract Referral

<b>Patient's preferred treatment centre</b>	Ashtead Hospital (Ramsay Healthcare)
<b>NHS Referral</b> <input type="checkbox"/>	<b>Private Referral</b> <input type="checkbox"/>

Patient's Details	
<b>First Name</b>	
<b>Last Name</b>	
<b>DOB</b>	
<b>NHS Number</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Mobile</b>	
<b>Email</b>	

Optometrist / Practice	
<b>Optometrist</b>	
<b>Practice</b>	
<b>Phone</b>	
Patient's GP	
<b>GP Name</b>	
<b>Practice</b>	
<b>Code</b>	

	Sph	Cyl	Axis	Prism	Base	VA	Add	N VA	CD Ratio	IOP(mmHg)	IOP Method	Date
<b>Current Refraction</b>	R											
	L											

	Sph	Cyl	Axis	Prism	Base	VA	Add	N VA	Date	Van Herrick Grade	
<b>Previous Refraction</b>	R										
	L										

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 cataract & referral to an eye clinic		

<b>Date of Assessment</b>		Pt consented to info sharing?		
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Additional comments:
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