

CAT2

Gwent Primary Care Cataract Post-Operative Service

Assessment Report or Referral to HES and Notification to GP



Surname (Mr, Mrs, Miss, Ms) _____ Other Name(s): _____

Address: _____

Postcode: _____ Tel. Number: _____

Date of Birth: / / NHS Number: Hospital Number:

Hospital (Name and Address): _____

GP (Name and Address): _____

Post-Operative Refraction

	Vision	Sphere	Cylinder	Axis	Prism	Base	Visual Acuity	Near Addition	Near Acuity
Right									
Left									

Ocular Examination – Please complete all boxes, recording positive and negative findings

Right		Left
	Anterior Segment	
	Posterior Segment	
	Intra-ocular Pressure <i>*Goldmann / Perkins</i>	

Additional Information

Criteria for referral back to HES

Urgent referral by telephone:

- Pain and redness
- Persistent ocular inflammation
- Wound leak
- Pupil abnormality
- Iris prolapse
- Intraocular pressure > 28 mmHg

Please remember to send this form to the HES with the patient.

Routine referral by post:

- Patient preference
- Vision < 6/12
- Other non-urgent ocular pathology
- Symptomatic anisometropia
- Refractive surprise
- Need for second eye surgery
- Unexplained symptoms

Action

<input checked="" type="checkbox"/>	Urgent referral back to the HES by telephone and notification to the GP.
<input checked="" type="checkbox"/>	Routine referral back to the HES by post and notification to the GP.
<input checked="" type="checkbox"/>	Discharge, report to the HES and notification to the GP.

Signature: _____ Date: / / _____ Ophthalmic list number: _____	Optometrists Name and Practice Address (Capitals or Stamp): _____
--	---