

Cheshire West, Central Cheshire, Ellesmere Port & Neston, Warrington & Halton PCTs

Cataract Referral Form

To be completed by referring Optometrist

Surname: _____ Other Names: _____ Date of Birth: / /

Address: _____

Post Code: _____ Telephone Number: _____

GP DETAILS: Name: _____ Practice: _____

PCT Responsible for this patient	Central Cheshire	Fax 01270 619183	tick
	Cheshire West/Ellesmere Port & Neston	Fax 0151 3734949	
	Warrington or Halton	Fax 01928 580371	
Very Important see notes			

1. PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST Date: / /

	Uncor V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA	Pre-Cataract VA Date: / /
RE										
LE										

2.	Cataract?	Previous Cataract Op	IOP
R	No/Yes	No/Yes Date: - / /	
L	No/Yes	No/Yes Date: - / /	

3. CATARACT RELATED PROBLEMS:	No Effect or Not Relevant	Degree of Impairment		
		Slight	Mod erate	Severe
Glare				
Driving				
Work				
Caring for Others				
Television				
Reading				
Daily Life				

4. OTHER CONDITIONS	Y	N
ARMD (that is likely to affect outcome)		
Glaucoma		
Diabetes		
Diabetic Retinopathy		
Uveitis within 12/12		
Parkinsons		
Problems with Local Anaesthetic		
Unable to lie still for 25min		
Need lifting		
Currently attend a Hospital eye dept		
If yes: Hospital		
Consultant		

5. Any other information which may assist the Ophthalmologist in assessing this Patient

6. MOST IMPORTANTLY: Does the Patient WANT the Cataract(s) removed **Y N** If NO do not send this form

OPTOMETRIST'S NAME: _____

Ophthalmic List No _____

Signature _____

ADDRESS STAMP

Further to your appointment today, I would like arrangements to be made for you to have the opportunity of choosing where to have your cataract operation. To do this, you will need to contact one of the Patient Care Advisors at our appointment centre.

**Please contact the Appointment
Centre by telephone on:**

0151 495 1942

**Monday to Friday 9am to 5pm
Wednesday 9am to 7pm**

Ideally the Appointment Centre would like to receive your call within 2 working days following your receipt of this information sheet. The Appointment Centre will have received information about you and will be expecting your call.

To ensure patient confidentiality:

When you telephone the Appointments Centre, you will be asked for your Name, Date of Birth, your General Practitioner and his/her Surgery's name to confirm your identity.