Knowsley NHS
Primary Care Trust

Halton and St Helens NHS
Primary Care Trust

Cataract Pre-Operative Assessment Service
Consent Form

Patient agreement to investigation.

Patient Details
Name ……..……...
Address …….
……...……..….
DOB ……...

I give consent to a Cataract Assessment performed by an optometrist accredited to St Helens Primary Care Trust. I understand information will be passed to the Primary Care Trust and may be used for audit purposes in order to make continuous quality improvements to the service.

Patient signature: …… Date: ……...

Optometrist confirmation of investigation.

Optometrist

I confirm that I have carried out a Cataract Assessment for the above named person and claim the additional fee.

Optometrist signature: ……..……. Date: ……..….

Ophthalmic List Number ……..….