

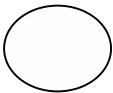

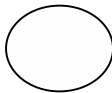

# OPTOMETRIST CATARACT OPHTHALMIC REFERRAL FORM

<b>Patient Addressograph label, or,</b>  Name: DoB: Address:   Telephone Number:	<b>General Practitioner Details:</b>     Telephone Number:	<b>Referring Optometrist Details:</b>     Telephone Number:
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**GP PRACTICE: FOR ACTION - TO ATTACH MEDICAL HISTORY AND ONWARD REFERRAL TO HOSPITAL VIA SCI GATEWAY (WHERE POSSIBLE)  
GP PRACTICE: FOR INFORMATION ONLY**

**LENGTH OF HISTORY** \_\_\_\_\_ weeks \_\_\_\_\_ days    **Date of referral from optometrist:** \_\_\_\_\_

Clinical Information		Sph	Cyl	Axis	Prism	VA	Add	NVA	NCT/Appl
Current Refraction	<b>R</b>								
Date:	<b>L</b>								
Previous Relevant Refraction	<b>R</b>								
Date:	<b>L</b>								

Right Lens			Dilated Y / N		Left lens			Dilated Y / N	
	Grade 0 - 4					Grade 0 - 4			
Nuclear					Nuclear				
Cortical					Cortical				
Post Sub Cap					Post Sub Cap				

Right		Comments	Left		Comments
Cornea	Healthy Y / N		Cornea	Healthy Y / N	
Disc	CD Ratio		Disc	CD Ratio	
AMD	Grade		AMD	Grade	
PXF	Y / N		PXF	Y / N	

Ocular history		Comments	To be referred to:
Ocular Trauma	Y / N		<b>St John's Hospital  PAEP</b>
Strabismus/ Amblyopia	Y / N		
Blepharitis	Y / N		
Previous HES patient	Y / N		
Co-morbidity	Y / N		

Social Factors		Comments		Comments
Live alone	Y / N		Suffer from glare	Y / N
Driver	Y / N		Reading impaired	Y / N
Work/ Lifestyle affected	Y / N		Distance impaired	Y / N
Carer	Y / N		Willing to have surgery	Y / N
Impaired hearing	Y / N		Happy with the 5% risks	Y / N
Impaired mobility	Y / N		Can lie flat for 30mins	Y / N

Additional Information / Comments:

**\* GP to scan optometrist's form and attach medical history for onward referral to ophthalmology dept via SCI Gateway (where possible) or keep for information \***