

# Direct Referral for Cataract Surgery

## Patient details:

Title  Firstname  Surname

Date of Birth  Telephone

Address

Postcode

## Optometrist details:

Name

Address

Postcode

Telephone

Email

## General practitioner details:

Name

Address

Postcode

Telephone

Email

## Optometrist's information:

Right eye				Left eye				
Distance	<input type="text"/>	Near	<input type="text"/>	Visual acuity	Distance	<input type="text"/>	Near	<input type="text"/>
Sph	<input type="text"/>	Cyl	<input type="text"/>	Refraction	Sph	<input type="text"/>	Cyl	<input type="text"/>
	<input type="text"/>	Axis	<input type="text"/>	Examination findings		<input type="text"/>	Axis	<input type="text"/>
<input type="text"/>				<input type="text"/>				
Suggested planned refractive outcome <input type="text"/>				Dominant eye <input type="text"/>				
Suggested lens implant (please delete) <input type="text"/>								
Referring Optometrist <input type="text"/>		Signature <input type="text"/>		Date <input type="text"/>				

## Clinical information from GP:

### Medical history

Diabetes

High blood pressure

Heart disease

Other

### Medication

Referring GP  Signature  Date