

DIRECT CATARACT REFERRAL FORM

Please note that referral via the Choice Office is for patients with 'simple' Cataract, ie prime (sole) pathology.

**Patient Choice Office
Referral Management Service**
West Offices, Station Rise
York, YO1 6GA
Telephone: 0300 3030060

DATE OF REFERRAL / /

Patient Name	DOB <u> </u> / <u> </u> / <u> </u>
Address	
Telephone	NHS Number
GP Name and Surgery	

Practice Stamp

VISUAL ACUITY

	Unaided VA	Sphere	Cyl	Axis	Prism	Base	New VA	Add	Near VA	Previous Corrected VA: Date:
RE										
LE										

Total Visual Acuity 'score' for this patient (i.e. add the scores for both eyes as below)
(VA of 6/6 and 6/4 = score of '0', VA of 6/9= '1', VA of 6/12= '2', VA of 6/18= '3', VA worse than 6/18= '10')

LIFESTYLE QUESTIONS TO THE PATIENT

Does the patient have any difficulty with mobility (including all aspects of travel, e.g. driving, using buses)?
Score '2' for 'yes' and '0' for 'no'

Is the patient affected by glare in sunlight or at night (e.g. car headlights)?
Score '1' for 'yes' and '0' for 'no'

Is the patient's quality of life affected by vision difficulties (e.g. car driving, watching TV, doing hobbies, etc)?
Score '3' for 'very much', '2' for 'moderately', '1' for 'slightly', '0' for 'not at all'

Is the patient's 'social functioning' affected by vision difficulties (e.g. crossing roads, recognising people, recognising coins, etc)?
Score '3' for 'very much', '2' for 'moderately', '1' for 'slightly', '0' for 'not at all'

Is the patient's vision affecting their ability to carry out daily tasks?
Score '2' for 'yes' and '0' for 'no'

TOTAL ASSESSMENT SCORE (VA SCORE PLUS LIFESTYLE SCORE)

Important

A patient with a total assessment score of 7 and over should be referred, unless you have indicated reasons below for not referring. **Please provide description of cataract and any known co-morbidities below.**
A patient with a total assessment score of under 7 should be advised that a referral for a cataract operation is not essential at this time – the patient should be advised to return for a further assessment as and when you see fit. If the patient has a score of less than 7 but you feel a referral is still required, please state why.

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**I claim payment as per the Direct Cataract Referral Scheme.
To be completed by the contractor or authorised signatory:**

Signature:..... **Date:**.....