



Sussex CCGs

Post cataract report form for patients in West Sussex, East Sussex and Brighton and Hove

Did the patient attend their community cataract follow up: Yes No
 Hospital surgery provider

(Note: patients to be offered community appointments between 4-8 weeks post-surgery)

1. Patient details		2. Cataract follow up appointment details	
Title		Which eye was assessed:	<input type="checkbox"/> Left <input type="checkbox"/> Right
Surname		Date of FU assessment:	
First names		Date of cataract surgery:	
DOB		Patients' consultant:	
NHS No.		Patient GP practice code:	
Address		Patient would like to be listed for second eye cataract surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postcode		Current Anisometropia $\geq 2.00D$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tel home		Optician Name	
Tel mobile		Optician ODS code	
Tel work		Referring Optometrist name	
Email		Referring Optometrist/ OMP-GOC/ GMC No	

3. Additional comments:

4 - (The following is to be completed by the Optometrist)		
	RIGHT	LEFT
Unaided visions	6/	6/
REFRACTION		
(neg cyl form) SPH		
CYL and AXIS		
BEST-CORRECTED VA	6/	6/
NEAR ADD		
NEAR VA		
SLIT-LAMP EXAM		
lids		
conjunctiva		
cornea		
anterior chamber		
pupil		
IOL		
Tonometry reading		
Instrument used		



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1. PATIENT REPORT. Please ask the patient these questions and record their answers.
Is your vision better?
Are you experiencing any discomfort?
Did you complete you course of post-op drops?
Any other comments?

6. Verification Slip

When this form has been completed take a copy for your own records, then please send all two pages to the Ophthalmology Department Secretaries at the appropriate hospital for verification –

Report sent to:	
East Sussex Healthcare University Sussex Hospitals (east) University Sussex Hospitals (west) Queen Victoria Hospital Surrey and Sussex Healthcare BMI Goring Hall Hospital	<input type="checkbox"/> Bexhill, Holliers Hill, Bexhill-on-Sea, TN40 2DZ <input type="checkbox"/> EASTBOURNE , Kings Dr, Eastbourne BN21 2UD <input type="checkbox"/> BRIGHTON , Barry Building, Eastern Rd, BN2 5BE <input type="checkbox"/> CHICHESTER , Spitalfield Ln, PO19 6SE <input type="checkbox"/> SHOREHAM-BY-SEA , Upper Shoreham Rd, BN43 6TQ <input type="checkbox"/> EAST GRINSTEAD , Queen Victoria Hospital <input type="checkbox"/> CRAWLEY , W Green Dr, Crawley RH11 7DH <input type="checkbox"/> WORTHING , Bodiam Ave, BN12 5AT

Part 2 – HOSPITAL USE ONLY – For Operating Clinician (or Representative) use only:

Verified by:
 Position:
 Signature of Operating Clinician: -
 Date: -

(Payment cannot be processed without verification)

Once completed, this page should be returned to the Optometrist for their records.