



WY Single Point of Access Cataract Referral v2

				Pati	ient Deta	ils				
Full Name:						Date of Birth:				
Address:										
Post Code:						Gender:				
Landline:					Mobile:					
(inc. area code)										
NHS Number:						Email:				
Patient Needs										
Driver:	Yes	No								
Interpreter Need:	Yes			No	Languag English):	e (if not				
							<u> </u>			
				Opton	netrist De	etails				
ODS Code:										
Referrer Name:					-	GOC Nu	mber:			
Practice Name:										
Address:						Post Co				
Email:						Telepho	ne:			
		· (2)								
	GP Deta	is (ON	LY if NOT	referred	d via Eel	RS platto	rm using NHS	Number)		
GP Name:										
Practice Name:										
Address:						Post Co	de:			
Telephone:										
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		GHT					LEF	Т		
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AD	D		N	IEAR VA		ΑI	DD D		NEAF	R VA
AD	D		N	IEAR VA		AI	OD		NEAF	R VA
AD	DIRECTION		N	IEAR VA	PI	AI RISM	DIRECTION		NEAF	R VA
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			N	IEAR VA	PI				NEAF	R VA
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PRISM Cataract Dilated Exam Final Any other ocula abnormalities winvestigation / r	DIRECTION indings ar varranting	Vac		Other	Assessr 1st o	ment or 2nd Eye	DIRECTION	d for cataract	NEAF	R VA
PRISM Cataract Dilated Exam Financial Exam Financ	DIRECTION indings ar varranting	Vac	No	Other	Assessr 1st o	ment or 2nd Eye	DIRECTION ald not be referre		NEAF	





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Shared Decision-Making Confirmation

- · I have informed the patient of their cataract diagnosis
- I have informed the patient of the cataract surgery risk overview as detailed below:

Most people do very well with cataract surgery but there are a small number of patients who can develop one or more complications during or after surgery. In most cases these complications are treatable, but rarely vision can be permanently damaged. There is approximately 1 in 1000 chance of complete loss of sight or eye. Cataract surgery will not recover vision lost because of other eye conditions (such as macular degeneration, glaucoma, or diabetes), and these conditions may affect the success of cataract surgery.

- I have informed the patient that their vision may deteriorate if they choose to defer referral for cataract surgery, and it may not be possible to predict the rate of deterioration
- The patient has confirmed to me that their current best corrected vision is significantly and consistently affecting their Quality of Life, AND they would like to be referred for cataract surgery assessment
- I have given the patient the West Yorkshire cataract surgery information leaflet

The patient should not be referred unless all above points have been discussed

I confirm ALL these points have been part of my conversation with the patient

Single r	OITH OF ACC	,ess - 30	HADLE
vider throu	ugh the curren	t EeRS pla	atform.

- The patient will choose their pro-
- The patient will be contacted using the provided contact details.
- The system will attempt to contact the patient using the following order of priority: Text Message via Mobile + Email + NHS App > Phone Call via Mobile or Landline. If there is no response, reminders will be sent.
- If none of the above are successful, the system will send a letter out by post.

Best time to			
contact			
patient:			
Preferred	Above details correct	Mobile Number:	
Mobile:	Above details correct	(ONLY if not listed above)	
Preferred	Above details correct	Email:	
Email:		(ONLY if not listed above)	
Preferred	Above details correct	Landline Number:	
Landline:	Above details correct	(ONLY if not listed above)	

	Single Point of Access - BYPASS	
This patient is N	OT suited to make a choice of provider through an a	automated system.
	understand OR retain OR weigh information required ess to required technology)	to make an informed decision, low digital
Reason why not suitable:		
If you have ticked the above box, p	lease select a provider BELOW following discussion	with the patient to identify their preference:
Chosen provider:		

Optometrist Signature			
Optometrist Signature:			
Date:			