All Wales Post-operative cataract clinical report form

To be sent to ophthalmology along with Post-Operative questionnaire form

Patient details

Name: D.O.B:
Address:

Hospital No:

Optometrist/Practice:

Name:
Address:

Phone:

GP details

Name:
Address:

Refraction

	Vision	Sphere	Cyl	Axis	Prism	Base	V/A	PH	Binoc. VA	Add	Near V/A
R		0	.								
L											

Ocular Examination - Circle all boxes. Slit lamp assessment is compulsory.

Question	Response	Details/Comments
Px symptomatic?	Y/N (if Y, please add details)	
Is the Cornea clear?	Y/N	
Cells in anterior chamber?	absent minimal present	

Criteria for referral back to HES

Immediate referral by telephone:		**Routine referral**	
Pain and redness	Significant ocular inflammation	Vision < 6/12	Unexplained symptoms
Wound leak	Pupil abnormality	Symptomatic anisometropia	Refractive surprise
Iris prolapse	Intraocular pressure > 21 mmHg	Need for second eye surgery	Patient preference
Visual acuity significantly different from anticipated		Other non-urgent ocular pathology	
Remember to send this form to the HES with the patient.			

Action: Tick one option

	Immediate referral back to the HES by telephone and notification to the GP
	Routine referral back to the HES by post and notification to the GP
	Discharge, report to the HES and notification to the GP

Signature:_____ OL/SOL _____

Date:____/___/_____