

Referral Proforma for Cataract Surgery

Does the patient meet the referral criteria?

YES COMPLETE SECTION 1 and refer to provider.

NO COMPLETE SECTION 2 - procedure is not routinely funded. Refer to Exceptional Case Panel.

Name of Patient:	
Patient's NHS Number:	
Patient's date of Birth:	
Patient's Address:	
Patient's Telephone Number:	
Patient's Email Address:	
GP's Name:	
GP Practice Address:	
Referring Optometrist's Name:	
Optometrist's Address:	
Optometrist's Telephone Number:	

Patient Choice of Provider:	
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Patient consent must be confirmed for all referrals

PATIENT CONSENT	Mark or tick to confirm below
Applicable to Section 1	
I confirm the patient has consented to share the personal and clinical information contained within this proforma with clinical staff involved in their care, and for future audit purposes. The patient has been informed that this intervention is only funded where criteria are met or exceptionally demonstrated.	
Applicable to Section 2 – exceptional case referrals only	
I confirm the patient has consented to share the personal and clinical information contained within this proforma with the Exceptional Cases Team or Panel, as part of the exceptional cases process or Group Prior Approval processes, to request further information, clarify data and communicate where applicable with the patient.	Enter date of request
I confirm that it is clinically appropriate for the patient to be copied into all correspondence.	
I confirm that I have brought the CCG patient leaflet on the collection and use of patient data for the funding request process to the patient's attention: 'Why we need to collect your personal confidential information and your rights'. Click here to access the patient leaflet.	

SECTION 1: Referral Information

Reason for referral/symptoms

Ocular Co-morbidity/POH:

Rx	R Sph.	Cyl.	Axis	BC VA	L Sph.	Cyl	Axis	BC VA	Add
Current									
Previous									

Cataract Grade (circle or tick as appropriate)

R	Clear		L	Clear	
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Nuclear	mild / mod / severe	Nuclear	mild / mod / severe
Cortical	mild / mod / severe	Cortical	mild / mod / severe
PSC	mild / mod / severe	PSC	mild / mod / severe
Pseudophakia		Pseudophakia	

Tick right or left as appropriate

List for cataract surgery in right or left eye?	Right	Left
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Tick Yes / No and R/L as appropriate

Eye Condition	Yes	No	Reason	Right Eye	Left Eye
Pupils dilate well			IOP (NCT/AT)		
RAPD			Cornea		
Blepharitis			AC (Van-Herick)		
Difficult funduscopy			Disc		
			Fundus/ Macula		

Medical History (to be completed by the Optometrist – Tick Yes / No as appropriate)

Condition	Yes	No	Condition	Yes	No
Diabetes			Hypertension		
Stroke			Short of breath		
Poor mobility			Is able to lie down flat		
Medication: (tick as appropriate)		Warfarin		Insulin	
				Alpha Blocker	
Other medication:					
Social History: (eg driver, working, carer)					
Other (Tick Yes / No as appropriate)	Yes	No		Yes	No
Transport needed			Risk benefits discussed		
Written information provided			Interpreter required		

Referral criteria	Tick as appropriate
Visual acuity less than 6/12 in worst eye.	
Or Binocular VA less than DVLA standards.	
Or (For second eye surgery only) significant optical imbalance not corrected by modification to glasses/contact lenses.	
And Willing to undergo surgery.	
Or Criteria not met and exceptional funding is requested. See Section 2 below	
And Smoking Statement: (Tick as appropriate)	
Non-smoker.	
Or Has been referred to a Stop Smoking Service.	
Or Was offered, but declined to be referred to a Stop Smoking Service.	

Additional information? Please specify how quality of life and activities of daily living are affected for example due to glare or rapidly progressing cataract.

SECTION 2: Exceptional Case Referral – send to cpccge-ifr@nhs.net in Word format.

Please provide full clinical detail as to why CCG Exceptional Funding is considered appropriate in this case.

(Please enter text below.)

For completion by Exceptional Cases Administrator			Tick as appropriate
EC Number:	CP	Date of Exceptional Cases Panel:	
Exceptionality demonstrated.		Funding approved.	
Exceptionality not demonstrated		Funding declined.	
Inadequate information provided.		Return proforma to GP.	
Other: The policy does not apply.		GP to refer through commissioned pathway.	
Reason:			
Form returned to GP confirming EC Panel decision:		Date:	