



Patient Label

Name: _____

NHI: _____

DOB: _____

dd/mm/yy

Address: _____

Eye Clinic Information required for accepting patients on to Waikato Hospital waiting list for Cataract Surgery

History and impact on life

Symptoms / special needs: _____

Past ocular history

Past medical history (including current medications list if possible)

OPERATIVE EYE

☐ Right☐ Left

Vision

Currently achieved vision:

R _____

L _____

Best corrected vision:

R _____

L _____

PH vision:

R _____

L _____

Best corrected vision BEO:

Refraction:

R _____

L _____

Examination findings

Lids normal:

☐ Yes☐ No

Details: _____

Cornea normal:

☐ Yes☐ No

Details: _____

Cataract morphology ASCC/NS/PSCC:

IOP:

ONH: Normal

☐ Yes☐ No

CD ratio:

Macula: Normal

☐ Yes☐ No

AMD

☐ Mild☐ Moderate☐ Severe

Other findings

Does the reduced vision represent a risk to the safety of others ☐ No☐ Moderate (patient perceives a risk to others at times)☐ High (has had accident or near miss)

Informed consent

Informed consent conversation undertaken

☐ Yes☐ No (refer over for details)

Overall comments

Referred by: _____

Practice and address: _____

Date: _____