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Cataract Pre-Op Assessment

Evolutio Care Innovations Limited

PATIENT NAME | DATE OF BIRTH | NHS NUMBER | REFERRAL ID

Patient Details

- Title
- First name
- Date of birth
- Mobile phone
- Address
- Email
- GP name
- GP address
- NHS number
- Surname
- Postcode
- Home phone

Visit Details

- Referral ID
- Eye
- Clinic site
- Visit date
- Clinician

Eligibility Checklist

Criteria	Recorded
Corrected monocular VA is 6/12 or worse	
Patient experiences visual disability affecting daily activities	
Patient experiences significant glare, dazzle, or night vision difficulty due to lens opacity	
Visual impairment increases risk of falls or affects ability to self-care / maintain independence	
Patient is a carer whose vision affects ability to provide essential care	
Patient understands the risks as well as the benefits of cataract surgery and wishes to be referred for surgical consideration	

Refraction and Visual Acuity

Eye	Sph	Cyl	Axis	Prism H	Base H	Prism V	Base V	VA	PH	Add	Near VA
Right											
Left											

IOP and Visual Acuity

- Average IOP – Right
- IOP time
- Instrument (other)
- Unaided VA – Right
- Average IOP – Left
- Instrument
- Unaided VA – Left

Evolutio Care Innovations Limited is registered in England at FORA Space, Thames Tower, Station Road, Reading, England, RG1 1LX.
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Letter date

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Clinical Information

- Medical history / medications / allergies

- Current contact lens wearer
- AMD
- Diabetic retinopathy
- Glaucoma
- Amblyopia
- Corneal opacity
- Previous LASER refractive surgery
- Blepharitis / dry eye

HVLC Suitability Checklist

Suitability criteria	Recorded
Any condition leading to an inability to lie flat / lie still under local anaesthetic	
Likely lid or adnexal tumours requiring histopathology services	
Patients requiring a general anaesthetic	
Patients under the age of 18	
Patients who are unable to transfer independently / need a hoist	

- HVLC outcome

Other Relevant Information

- Information

Outcome

- Provider preference
- Visit outcome