



CATARACT BOOKING CHECKLIST

Patient Surname (legal): First Name (legal): DOB (YYYY-MM-DD): PHN:	Assessment Date:
BH CGH DH LMH PAH RMH SMH	

Best Corrected Visual Acuity	OD:	OS:
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Check **ALL** that apply:

BCVA 20/50 or worse in affected eye, AND Visual impairment from cataract is responsible for patient's disability in needed/desired activities (e.g. driving, reading, occupational needs)
BCVA 20/40 or better AND Visual impairment from cataract is responsible for patient's disability in needed/desired activities for the following reasons (please check all that apply): Decreased acuity due to glare or dim lighting Monocular diplopia or polyopia Visual disparity between the eyes
Other indications (please check all that apply) Phacomorphic glaucoma Phacolytic glaucoma Other lens-induced disease Cataract removal required to provide clear ocular media conditions (e.g. diabetic retinopathy) Other:

Comments:

Surgeon Name:	Signature:
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