CATARACT BOOKING CHECKLIST

| Patient Surname (legal): | ____________________________ | Assessment Date: |
| First Name (legal): | ____________________________ | |
| DOB (YYYY-MM-DD): | ____________________________ | |
| PHN: | ____________________________ | |

- BH
- CGH
- DH
- LMH
- PAH
- RMH
- SMH

Best Corrected Visual Acuity

OD: 
OS: 

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: 

Revised November 17, 2014