



## CATARACT BOOKING CHECKLIST

<b>Patient Surname (legal):</b> _____ <b>First Name (legal):</b> _____ <b>DOB (YYYY-MM-DD):</b> _____ <b>PHN:</b> _____	<b>Assessment Date:</b> _____
<input type="radio"/> BH <input type="radio"/> CGH <input type="radio"/> DH <input type="radio"/> LMH <input type="radio"/> PAH <input type="radio"/> RMH <input type="radio"/> SMH	

<b>Best Corrected Visual Acuity</b>	OD:	OS:
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Check **ALL** that apply:

<input type="radio"/> 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)
<input type="radio"/> 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): <ul style="list-style-type: none"><li><input type="radio"/> Decreased acuity due to glare or dim lighting</li><li><input type="radio"/> Monocular diplopia or polyopia</li><li><input type="radio"/> Visual disparity between the eyes</li></ul>
<input type="radio"/> Other indications (please check all that apply) <ul style="list-style-type: none"><li><input type="radio"/> Phacomorphic glaucoma</li><li><input type="radio"/> Phacolytic glaucoma</li><li><input type="radio"/> Other lens-induced disease</li><li><input type="radio"/> Cataract removal required to provide clear ocular media conditions (e.g. diabetic retinopathy)</li><li><input type="radio"/> Other: _____</li></ul>

Comments:
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Surgeon Name:	Signature:
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