**BHR CCGs Prior Approval Service Tick Box Form for CATARACT SURGERY**

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| Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **explicit** consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing. Consent given: Yes [ ]  |
| **Patient Name** Click here to enter text. | **GP Practice** Click here to enter text. |
| **Patient D.O.B:**  | Click here to enter a date. | **Requesting GP/****Optician/ Consultant** | Click here to enter text. | **GP Practice** **Code: \*\*** | Click here to enter text. |
| **Patient NHS No.\*\*** | Click here to enter text. | **Trust\*\*** | Click here to enter text. | **UBRN\*\*** | Click here to enter text. |

**\*\*Opticians need not complete these sections**

Clinicians should complete **ONE** of the THREE sections:

|  |  |
| --- | --- |
| **Section 1** | **Tick yes if present and documented in medical records** |
| **Presentation - visual acuity 6/9 or worse** | Yes | No |
| Best corrected visual acuity of 6/9 or worse in either the first or second eye **AND**  | [ ]  | [ ]  |
| Impairment in lifestyle such as substantial effect on activities of daily living, leisure activities, and risk of falls | [ ]  | [ ]  |

**OR**

|  |  |
| --- | --- |
| **Section 2** | **Tick yes if present and documented in medical records** |
| **Presentation - visual acuity better than 6/9**  | Yes | No |
| For patients with cataract having visual acuity better than 6/9:Surgery may be considered where there is documented clear clinical indication or symptoms affecting lifestyle.  For example, the patient with the 6/6 symptomatic posterior subcapsular cataract, affecting activities of daily living and driving. |[ ] [ ]

**OR**

|  |  |
| --- | --- |
| **Section 3** | **Tick yes if present and documented in medical records** |
| **Management of ocular co-morbidity** | Yes | No |
| Surgery is indicated for management of ocular co-morbidities such as control of glaucoma, view of diabetic retinopathy etc. |[ ] [ ]

For further advice on completing this form please contact the prior approvals team on **020 3688 1290 /**Nelcsubhr-ifr@nhs.net