|  |
| --- |
| Norfolk & Norwich University Hospitals NHS Foundation TrustPosterior Capsular Opacification Direct Referral Form |
| Email direct to the NNUH Outpatient Booking Team: OPServicesPostTeam@nnuh.nhs.uk NB Email only from an NHSmail address (ending @nhs.net) | One referral only per email |
|  | Patient Details |  |
| Title (Dr Mr Mrs Miss Ms)      | Surname      | Other Names      |
| Address      |  | DoB:       |
| Phone:       |
| Post Code        | Hosp No:       |
| Details of Posterior Capsular Opacification (PCO) |
| PCO is present in which eye?: | RE [ ]  | LE [ ]  |  |
| Details of Visual Acuity (Corrected) |
|  | RE | LE | Date |
| Current VA: |       |       |       |
| Maximum Previous VA (if known): |       |       |       |
| Maximum Post-operative VA (if known): |       |       |       |
| Other Clinical Findings  |
|  | RE | LE |
| Lens status: |  |  |
| Intraocular Pressure: |       mmHg |       mmHg |
| Ocular co-morbidity: |       |       |
| Any history of: | Retinal Detachment [ ]  | Glaucoma [ ]  | High Myopia [ ]  |
| Does the patient have symptoms as a result of PCO?  |  Yes [ ]  No [ ]   |
| Patient wants YAG laser capsulotomy if offered?: |  Yes [ ]  No [ ]  Unsure [ ]  |
| Preferred location for appointment: |  Norwich [ ]  Cromer [ ]  |
| Additional Comments: |       |
| Optometrist: | Name:       | GOC No:       Date:       |
| Name & Address of GP |       | Name & Address of Optometrist |       |
| ***Email one copy to NNUH One copy to GP for information only*** |