Cataract Post Operative Assessment Form



			Optometrist / Practice											
First Name:							Optometrist:							
Last Name:							OPL number:							
Address:							Practice Name & Address:							
Phone: Patient's signed authorisation for audit release:														
Patien	t s signe	u autiiorise	ation to	r audit re	elease.		Phone	:						
Patient's DOB :							Practice Patient Ref No:							
Patie	nt's GP &	& Address	:											
Surg	jical Prov	rider :												
F	ax no:													
		ut the follo fraction <u>ar</u>		st operat	tive ass	essmer	nt. Fax th	e form	back	to th	e pro	vider		
R	Sph	Cyl	Axis	Axis Prism Add		Dofr:	aation	L	Sph		Cyl	Axis	Prism	Add
						- Refraction Details								
Unaided				VA				Unaided						
Un	aided	Pinhole		\/ Δ]		Una	idad	$\overline{}$	Din	hole	V	Δ
Un	aided	Pinhole		VA		1	sion tails	Una	ided		Pin	hole	V	4
Un	aided	Pinhole		VA		1		Una	ided		Pin	hole	V	4
	aided		No	VA	Cli	1	tails	Una	ided	Yes			V/ omments	
			No			De	tails		ided	Yes				
			No	Ra	aised IOI	De nical Find Pind (Great	tails ndings	1mm)		Yes				
			No	Ra	aised IOI I Oeden	De inical Fin P (Great na / Stria	tails ndings er than 2	1mm) mets Fol		Yes				
			No	Ra	aised IOI I Oeden Cornea Woun	De inical Fine (Great na / Strian I Epithel nd / Leak	ndings er than 2° ae / Decei lial Stainir	1mm) mets Fol		Yes				
			No	Ra Corneal	nised IOI Oeden Cornea Woun Shallov	Deinical Fine P (Great na / Stria Epithel nd / Leak w Anterio	ndings er than 2° ae / Decer lial Stainir a / Rupture or Chamb	1mm) mets Fol ng e er	lds	Yes				
			No	Ra Corneal Mark	Name of the control o	De nical Fine P (Great na / Stria la Epithel nd / Leak w Anterical / Conjunt	ndings er than 2° ae / Decer lial Stainir a / Rupture or Chamb	1mm) mets Foling e er njection	lds	Yes				
			No	Ra Corneal Mark	Name of the control o	Deinical Fina / Striana / Striana / Striana / Leakow Anterional / Conjustive / Ir	ndings er than 2 ae / Decei lial Staining or Chamb junctival I	1mm) mets Foling e er njection	lds	Yes				
			No	Ra Corneal Mark	Cornea Woun Shallov sed Limb	Deinical Final / Strianal / Strianal / Leak w Anterical / Congrative / Ir	ndings er than 2° ae / Decer lial Stainir a / Rupture or Chamb junctival I ritis / Hypo iae.	1mm) mets Foling e er njection	lds	Yes				
			No	Ra Corneal Mark	Name of the control o	De nical Fina / Stria I Epithel nd / Leak w Anteric pal / Congrative / Ir Synech DL Decei	ndings er than 2° ae / Decer lial Stainir c / Rupture or Chamb junctival I ritis / Hypo iae. ntered	1mm) mets Follog e er njection opion	lds	Yes				
			No	Ra Corneal Mark	Cornea Woun Shallow Sed Limb Ost Oper	Deinical Fina / Striana / Striana / Striana / Leak w Anterional / Conjunctive / Ir Synech DL Decei Capsula	ndings er than 2 ae / Decer lial Staining or Chamb junctival I ritis / Hypo iae. ntered r Opacific	1mm) mets Foling e er njection opion	lds	Yes				
			No	Ra Corneal Mark	Cornea Woun Shallov Sed Limb ost Oper	Deinical Fina / Striana / Striana / Striana / Leak w Anterional / Conjunctive / Ir Synech DL Decei Capsula	ndings er than 2° ae / Decer lial Stainir a / Rupture or Chamb junctival I ritis / Hypo iae. ntered r Opacific	1mm) mets Foling e er njection opion	lds	Yes				
C	Comment	s Yes		Ra Corneal Mark Po	Cornea Woun Shallov Sed Limb ost Oper	De Inical Final P (Great na / Stria na / Stria na / Leak w Anterio na / Congrative / Ir Synech DL Decei Capsula naters sin ndus Example 1	ndings er than 2° ae / Decer lial Stainin a / Rupture or Chamb junctival I ritis / Hypo iae. ntered r Opacific nce surge amined	1mm) mets Follog er njection opion ation	lds		No	Co	omments	
C	Comment			Ra Corneal Mark Po	Cornea Woun Shallov Sed Limb ost Oper	De Inical Final P (Great na / Stria na / Stria na / Leak w Anterio na / Congrative / Ir Synech DL Decei Capsula naters sin ndus Example 1	ndings er than 2° ae / Decer lial Stainin a / Rupture or Chamb junctival I ritis / Hypo iae. ntered r Opacific nce surge amined	1mm) mets Follog er njection opion ation	lds		No	Co	omments	