

**Norfolk & Norwich University Hospitals NHS Foundation Trust**

**Posterior Capsular Opacification Direct Referral Form**

Email direct to the NNUH Outpatient Booking Team: [nnu-tr.OPServicesPostTeam@nhs.net](mailto:nnu-tr.OPServicesPostTeam@nhs.net)

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 <input type="checkbox"/>	LE <input type="checkbox"/>	
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**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 <input type="checkbox"/>	Glaucoma <input type="checkbox"/>	High Myopia <input type="checkbox"/>
Does the patient have symptoms as a result of PCO?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Patient wants YAG laser capsulotomy if offered?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Preferred location for appointment:	Norwich <input type="checkbox"/>	Cromer <input type="checkbox"/>	
Additional Comments:			

Optometrist:	Name:	GOC No:	Date:
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Name & Address of GP		Name & Address of Optometrist	
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*Email one copy to NNUH*

*One copy to GP for information only*