

Norfolk & Norwich University Hospitals NHS Foundation Trust

Posterior 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 (circle):	RE	LE	
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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 (please circle):	Normal / cataract / IOL / aphakia	Normal / cataract / IOL / aphakia
Intraocular Pressure:	mmHg	mmHg
Ocular co-morbidity:		
Any history of (please tick):	Retinal Detachment <input type="checkbox"/>	Glaucoma <input type="checkbox"/> High Myopia <input type="checkbox"/>
Does the patient have symptoms as a result of PCO? (tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient wants YAG laser capsulotomy if offered? (tick):	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
Preferred location for appointment (tick):	Norwich <input type="checkbox"/>	Cromer <input type="checkbox"/>

Additional Comments:

Optometrist (PRINT):	Name:	Signature:	Date:
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Name & Address of GP

Name & Address of Optometrist

Email one copy to NNUH

One copy to GP for information only