

MEDICAL NECESSITY FOR CATARACT SURGERY

Date :	Chart #
Patient Name:	
Reason for exam today (patient words)	
What specific improvements in your daily life do you hope to gain with surgery?	
Best corrected Snellen VA – Distance 20/ 20/	Near: Medium BAT if glare symptoms: 20/ 20/
<i>With blinking, good light and proper bifocal.</i>	

Visual Functional Status (circle responses)	Complete all lines			(circle responses)
1) Do you have difficulty driving or seeing street signs? (curbs, freeway exits, traffic lights, halos/glare around lights)	YES	NO		
2) Do you have difficulty seeing TV or movies? (faces, numbers, or printing)	YES	NO		
3) Do you have difficulty reading small print with good light, complete blinking and proper glasses? (books, newspapers, telephone books, medicine labels, instructions)	YES	NO		
4) Do you have difficulty performing detailed work? (sewing, knitting, crocheting, embroidery, baiting a fish hook or other fine tasks)	YES	NO		
5) Do you have difficulty with personal correspondences? (writing checks, reading bills, filling out forms)	YES	NO		
6) Do you have difficulty with leisure activities such as sports or hobbies? (playing card games, bingo, dominoes, or sport activities such as bowling, hunting, golf, tennis, other _____)	YES	NO		
7) Do you have visual difficulty functioning around the house? (cooking, ironing, general household upkeep, climbing steps or curbs, dialing the telephone, telling time on a watch, using public transportation)	YES	NO		
8) Do you have difficulty recognizing faces of people? (in church, grocery store, clubs, and other daily activities)	YES	NO		
9) If you live alone and wish to remain independent, are you unable to care for yourself with your present vision?	YES	NO		

Do you have any of the following VISUAL SYMPTOMS ?			
1) Double or distorted vision?	YES	NO	
2) Glare, halos, rings around lights?	YES	NO	
3) Difficulty with color perception?	YES	NO	
4) Difficulty with depth perception?	YES	NO	
5) Worsening of vision – blurred vision?	YES	NO	

RIGHT EYE Patient's Signature _____ LEFT EYE