

DATE OF VISIT: \_\_\_ / \_\_\_ / \_\_\_  
 DATE OF SCHEDULED SURGERY: \_\_\_ / \_\_\_ / \_\_\_

104.358, 104.359

Patient ID \_\_\_\_\_  
 Physician ID \_\_\_\_\_  
 Clinic/Site ID \_\_\_\_\_

0.0.0, 104.52, 104.53

Form filled out by (check one):  
 Physician     NP/PA  
 Resident     OD  
 Technician     Other    104.360, 104.361

**EYE TO OPERATE:**     R     L

**Preoperative Evaluation  
 Cataract Form 3.2**

TO BE COMPLETED BY PHYSICIAN  
 AT LAST VISIT PRIOR TO SURGERY

**Medical Comorbidities**

**Present?**     No     Yes    104.362

**If yes, which ones?**

- Diabetes requiring medical treatment
- Hypertension, Previous CVA, Cardiac Disease
- COPD

**Medications: Are any of the following used currently?**    104.363

No     Yes

**If yes, which ones?**

- Coumadin Therapy/Medication significantly effecting coagulation
- Glaucoma eye medications (in eye to be operated)
- Topical Steroids (in eye to be operated)

**Eye Examination**    104.385

**Visual Acuity**    -Vision tested with usual correction used  
 -Circle sc or cc for each test

**ALL SHADED AREAS ARE OPTIONAL**

Test	OD					OS				
	Dist		Near			Dist		Near		BAT
Method	sc	cc	sc	cc	sc	cc	sc	cc	sc	cc
20/20					20/20					
20/25					20/25					
20/30					20/30					
20/40					20/40					
20/50					20/50					
20/60					20/60					
20/70					20/70					
20/80					20/80					
20/100					20/100					
20/200					20/200					
20/300					20/300					
20/400					20/400					
/CF					/CF					
/HM					/HM					
/LP					/LP					
NLP					NLP					

R

L

Manifest Refraction  
 104.365

Sph \_\_\_ Cyl \_\_\_ Axis \_\_\_

Sph \_\_\_ Cyl \_\_\_ Axis \_\_\_

**LENS****OD****OS**

104.367

Is Cataract Present?

 No  Yes No  Yes

If yes, check predominant types

 Nuclear Nuclear Cortical Cortical PSC PSC Mature or Hypermature Mature or  
Hypermature Traumatic Traumatic

Pseudophakia

P/C IOL

100.1534

A/C IOL

Posterior Capsule opacification

Posterior capsulotomy

IOL decentration

**Other Significant Eye Disease Present?** No  Yes No  Yes104.434.1-  
104.434.48**If yes, mark all that are present in each category:****Anterior Segment:**Glaucoma requiring previous  
or current therapy

Pseudoexfoliation

Filtering surgery

Fuch's Dystrophy or corneal scar

**Posterior Segment:**

Diabetic Retinopathy (any type)

 No  Yes No  Yes

If yes, check all that apply

Nonproliferative Diabetic Retinopathy

Proliferative Diabetic Retinopathy

Diabetic Macular Edema

Vitreous Hemorrhage

Macular degeneration, any type:

**If yes check all that apply:**

soft/confluent drusen

geographic atrophy

CNVM

Disciform Scar

Other Macular Disease (includes hole or scar)

Optic nerve disease, any type

Cannot Assess

**Miscellaneous:**

Amblyopia/Strabismus

Significant previous eye trauma

Chronic uveitis past or current

Pre-existing non-glaucoma field defect

Other