

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