

CATARACT SURGERY PRIORITY CRITERIA TOOL

PLEASE PRINT CLEARLY

Provincial Health Care Number: _____

Patient Name: _____

Patient Age: _____ Sex: [circle one] **M** **F**

This form is being filled out for which eye?

[circle one] Right Eye Left Eye

[circle one] First eye for surgery **OR** Second eye for surgery

Has the other [second eye]: already been wait-listed for surgery? **OR**
 already had surgery performed? If so, when? _____

If second eye, when was first eye done? _____

Surgeon's Name: _____ Phone: _____

Date: _____

Please check the box that most accurately describes the patient's current situation.

1. Best corrected visual acuity:

Points	
Operated Eye	Non-Operated Eye
0	0
3	0
5	9
8	11
11	13
11	15
11	17

Right Eye

- 6/9 or better (20/30)
- 6/12 (20/40)
- 6/18 (20/60)
- 6/24 (20/80)
- 6/36 (20/120)
- 6/60 (20/200)
- Count fingers/hand movements or worse

Left Eye

- 6/9 or better (20/30)
- 6/12 (20/40)
- 6/18 (20/60)
- 6/24 (20/80)
- 6/36 (20/120)
- 6/60 (20/200)
- Count fingers/hand movements or worse

2. Glare:

- None (0)
- Mild (0)
- Moderate (9)
- Severe (18)

3. Ocular comorbidity (e.g. age-related macular degeneration, chronic simple glaucoma):

	None	Mild	Moderate	Severe
Age-related macular degeneration	<input type="checkbox"/> (0)	<input type="checkbox"/> (-2)	<input type="checkbox"/> (-6)	<input type="checkbox"/> (-15)
Other forms of comorbidity	<input type="checkbox"/> (0)	<input type="checkbox"/> (0)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

If other forms of comorbidity, what?

- diabetic retinopathy
- other retinal disease
- chronic simple glaucoma
- other _____

4. Extent of impairment in visual function (e.g. reading, recognizing faces, seeing steps or curbs, watching TV, driving, and reading traffic signs):

- No impairment (0)
- Mild impairment (3)
- Moderate impairment (12)
- Severe impairment (23)

5. Other substantial disability (e.g. hearing loss, uses wheelchair, partially reversible dementia):

- None/mild (0)
 - Moderate (4)
 - Severe (10)
- Please specify disability: _____

6. Ability to work or live independently or care for dependants:

- Not applicable (0)
- Not threatened or no difficulties (0)
- Not threatened but more difficult (2)
- Threatened but not immediately (10)
- Immediately threatened or unable (19)

7. All things considered, how would you rate the urgency of this patient? (Draw a line somewhere across the scale)

