

**CATARACT SURGERY
 MEDICAL NECESSITY**

Patient Name: _____

VISUAL FUNCTIONING: Do you have difficulty, even with glasses, with the following activities?

	<u>YES</u>	<u>NO</u>
1. Reading small print, such as labels on medicine bottles, telephone books, food labels or newspaper?	_____	_____
2. Reading traffic signs, street signs or store signs?	_____	_____
3. Doing fine handwork like sewing, knitting, crocheting or carpentry?	_____	_____
4. Writing checks or filling out forms?	_____	_____
5. Playing games such as bingo, dominos or card games?	_____	_____
6. Taking part in sports like bowling, handball, tennis or golf?	_____	_____
7. Watching television?	_____	_____

SYMPTOMS: Have you been bothered by:

1. Poor night vision?	_____	_____
2. Seeing rings or halos around lights?	_____	_____
3. Difficulty driving from glare caused by headlights or bright sunlight?	_____	_____
4. Hazy and/or blurry vision?	_____	_____
5. Poor vision in dim lighting?	_____	_____
6. Poor color vision?	_____	_____
7. Double vision from one eye?	_____	_____

Cataract surgery can always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision anymore and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?

_____ YES _____ NO

Patient Signature: _____ Date: _____

Eye Being Evaluated: OD OS V20/_____ Glare 20/_____ Reading J_____