

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?	
<i>To be filled out by your doctor:</i>	
Best corrected Snellen VA – 20/	Near Medium BAT if glare symptoms - 20/
20/	Near 20/
<i>With blinking, good light, and proper bifocal</i>	

Visual Functional Status (complete all lines)	Circle Response	
1. Do you have difficulty seeing street signs or driving? (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, blinking, and proper glasses? (books, newspaper, telephone book, medicine labels, instructions)	YES	NO
4. Do you have difficulty performing detailed work? (sewing, knitting, crocheting, embroidery, baiting a fish hook, or other fine task)	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. Are you unable to see and recognize faces of other 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 <u>VISUAL SYMPTOMS</u>?		
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

Patient Signature _____

Right Eye

Left Eye