

Direct Referral of Cataract in Dudley Version 2014.1

To be kept in patient's record

Patient consent to referral and information exchange

I, the patient confirm the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have received the cataract choice leaflet, which includes key information about the providers |
| <input type="checkbox"/> | <input type="checkbox"/> | I have received other available information sheets about the providers |
| <input type="checkbox"/> | <input type="checkbox"/> | I have been given an information sheet on cataract and cataract surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | I was given time to think about my decision, and offered the opportunity to go away and think about my decision. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I may need to be referred to another provider for treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand my consultant may advise against treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I can withdraw my consent at any stage |
| <input type="checkbox"/> | <input type="checkbox"/> | I am keen to have surgery and wish to go ahead with this referral |
| <input type="checkbox"/> | <input type="checkbox"/> | I give my consent for information to be shared and exchanged, and understand my information will need to be held by CCG and by the data operator |

Comments:

Name:			
Signed:		Date:	