

**In the eye that still has the cataract, do you have difficulty with the following, even with glasses or contacts?**

- Y    N    Intolerable double vision or eye strain since first surgery?
- Y    N    Reading small print on medicine bottles, books, or labels?
- Y    N    Writing checks or filling out forms?
- Y    N    Recognizing people at a distance?
- Y    N    Seeing steps, stairs, or curbs?
- Y    N    Experiencing glare on bright sunny days?
- Y    N    Seeing captions on television?
- Y    N    Poor night vision?
- Y    N    Hazy and/or blurry vision?
- Y    N    Difficulty reading traffic signs, street signs, or store signs?
- Y    N    N/A    Difficulty driving at night due to rings, halos, or glare?

Please initial all the following if you agree (required to proceed with surgery):

- \_\_\_\_\_ I understand that cataract surgery can almost always be safely postponed until I feel I need better vision. I feel my vision problems are bad enough now and I desire surgery.
- \_\_\_\_\_ My doctor has explained to me that my visual impairment is not correctable with a tolerable change in glasses or contacts.
- \_\_\_\_\_ My doctor has explained to me that my cataract is significantly contributing to my visual impairment, even if I have another eye disease that impairs my vision.
- \_\_\_\_\_ My doctor has explained to me the risks, benefits, and alternatives of cataract surgery. Benefits include a reasonable expectation that lens surgery will improve my visual and functional abilities.

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN TO KELLY EYE CENTER PRIOR TO NEXT EYE SURGERY**

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