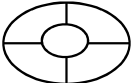
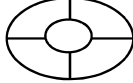







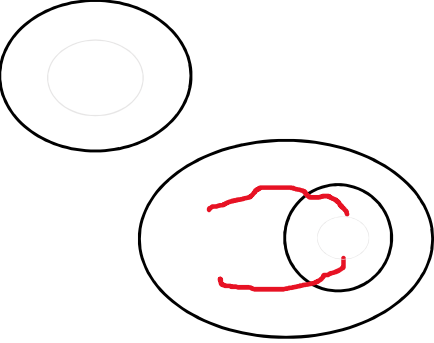
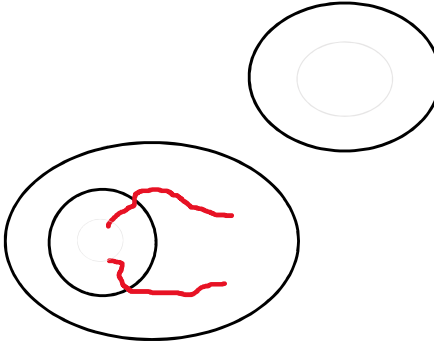


Form 1 - New patient glaucoma evaluation form

Date: _____

1	Hospital no./ project code														
2	First Name, Last Name														
3	Date of Birth and/or Age (yrs)											4	Occupation		
5	Sex		1 Female (1)		2 Male (2)		6	Ethnicity/Tribe							
7	Family history of glaucoma		1 Yes (1)		2 No (2)		3	Not known (3)							
	Family history of blindness		1 Yes (1)		2 No (2)		3	Not known (3)							
8	Significant medical history		1 Hypertension (1)		5	Migraine (5)									
			2 Diabetes (2)		6	Sleep apnoea (6)									
			3 Bronchial asthma (3)		7	Others (specify) (7)									
			4 Ischaemic heart disease (4)												
9	Systemic medications														
10	Significant ocular history														
11	Ocular medications	<input type="checkbox"/> 1 Yes (1) Name(s)				<input type="checkbox"/> 2 No (2)									
	For glaucoma medication:														
	duration of use														
	frequency of application time/date of last application														
12	Any known allergies														
13	Visual acuity	Right Eye					Left Eye								
		[] [] / [] [] []					[] [] / [] [] []								
		Correction status					Correction status								
		Current power of glasses, or refraction, as applicable					Current power of glasses, or refraction, as applicable								
14	Pupil: Round & reactive to light?	<input type="checkbox"/> 1 Yes (1) <input type="checkbox"/> 2 No (2)				<input type="checkbox"/> 1 Yes (1) <input type="checkbox"/> 2 No (2)									
		If yes, Brisk (1) <input type="checkbox"/> 1				Brisk (1) <input type="checkbox"/> 1									
		Sluggish (2) <input type="checkbox"/> 2				Sluggish (2) <input type="checkbox"/> 2									
		Afferent defect (or RAPD)? <input type="checkbox"/> 1 Yes (1) <input type="checkbox"/> 2 No (2)				Afferent defect (or RAPD)? <input type="checkbox"/> 1 Yes (1) <input type="checkbox"/> 2 No (1)									
15	Ocular motility: Orthophoria	<input type="checkbox"/> 1 Yes (1) <input type="checkbox"/> 2 No (2)				<input type="checkbox"/> 1 Yes (1) <input type="checkbox"/> 2 No (2)									
16	Confrontation visual field	<input type="checkbox"/> 1 Full (1)				<input type="checkbox"/> 1 Full (2)									
		<input type="checkbox"/> 2 Defect (1) 				<input type="checkbox"/> 2 Defect (2) 									
17	Anterior segment														
18	Central corneal thickness														
		µm													
		µm													

<p>19 Intraocular pressure, IOP</p> <p>Time of measurement</p> <p>Tonometer used</p> <p>Diurnal phasing</p> <p>Consider dilated IOP in selected situations</p>	<p>IOP <input type="text"/> <input type="text"/> mmHg</p> <p>Peak IOP <input type="text"/> <input type="text"/> mmHg</p> <p>Mean IOP <input type="text"/> <input type="text"/> mmHg</p> <p>Fluctuation <input type="text"/> <input type="text"/> mmHg</p> <p>e.g. patients with pseudo-exfoliation, pigmentary glaucoma, angle closure, patients in advanced stage of glaucoma</p>	<p>IOP <input type="text"/> <input type="text"/> mmHg</p> <p>Peak IOP <input type="text"/> <input type="text"/> mmHg</p> <p>Mean IOP <input type="text"/> <input type="text"/> mmHg</p> <p>Fluctuation <input type="text"/> <input type="text"/> mmHg</p>
<p>20 Target pressure (or range)</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> Late teens</p>	<p><input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> Late teens</p>
<p>21 Gonioscopy: width/structures seen</p> <p>Note iris insertion, synechiae, pigment clumps, areas of iris recession, new vessels flakes etc</p> <p>A - dark room gonioscopy</p> <p>B - indentation gonioscopy</p>	<p><input type="checkbox"/> 1 Open (1) <input type="checkbox"/> 2 Other (2)</p> <p> </p> <p>A B</p>	<p><input type="checkbox"/> 1 Open (1) <input type="checkbox"/> 2 Other (2)</p> <p> </p> <p>A B</p>
<p>22 Dilated fundus exam</p> <p>ONH vertical disc diameter</p> <p>category 1 small  2 med  3 large </p> <p>Vertical cup:disc ratio, VCDR</p> <p>ONH: specify excavation, notch, neuroretinal rim thinning (focal/diffuse), disc haemorrhage, peripapillary atrophy, etc</p> <p>RNFL - Normal or focal/ diffuse loss</p> <p>Macula</p> <p>Vessels</p> <p>Periphery</p> <p>Disc damage likelihood scale (DDLS) score</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> mm</p> <p></p> <p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> mm</p> <p></p> <p><input type="text"/> <input type="text"/></p>
<p>23 Visual field (attach print-out)</p> <p>Test strategy & Test quality</p> <p>Mean deviation, MD</p> <p>Pattern standard deviation, PSD</p> <p>Visual field index, VFI</p>	<p>Machine used & date</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB</p> <p><input type="text"/> <input type="text"/> %</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dB</p> <p><input type="text"/> <input type="text"/> %</p>
<p>24 PS-OCT (attach print-out)</p> <p>RNFL analysis (quadrants)</p> <p>Average RNFL thickness</p> <p>Rim area/Rim:Disc ratio</p> <p>Macula Ganglion Cell IPL+</p>	<p>Device used, Test quality, Date</p> <p><input type="checkbox"/> WNL <input type="checkbox"/> BL <input type="checkbox"/> ONL</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> μm</p>	<p><input type="checkbox"/> WNL <input type="checkbox"/> BL <input type="checkbox"/> ONL</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> μm</p>
<p>25 Additional information</p>		
<p>26 Glaucoma diagnosis</p>		
<p>27 Glaucoma stage</p>	<p><input type="checkbox"/> 0 Not glaucoma (0) <input type="checkbox"/> 1 Early (1) <input type="checkbox"/> 2 Moderate (2) <input type="checkbox"/> 3 Advanced (3)</p>	