

AGE RELATED MACULAR DEGENERATION REGISTRY

Office use: /
 Centre:

Instruction: To be filled in for new AMD patients only.

Where check boxes are provided, check (√) one or more boxes. Where radio buttons are provided, check (√) one box only.

i) Hospital / Clinic: _____

ii) Date of Notification : / /

SECTION 1 : DEMOGRAPHY

1. Patient Name :											
2. Identification Card * Number :		MyKad / MyKid: <input type="text"/>									
If MyKad/MyKid is not available, please complete the Old IC or Other ID document No.		Other ID document No: <input type="text"/>					Specify type (eg. passport, armed force ID): <input type="text"/>				
3. Address :		Postcode : <input type="text"/>			Town / City: <input type="text"/>			State: <input type="text"/>			
4. Date of Birth: *		<input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yy)			5. Age at presentation: * (Auto calculated)		<input type="text"/> year(s)		<input type="text"/> month(s)		
6. Gender: *		<input type="radio"/> Male <input type="radio"/> Female		7. Ethnicity:		<input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Melanau <input type="radio"/> Iban <input type="radio"/> Other, specify: <input type="radio"/> Chinese <input type="radio"/> Orang Asli <input type="radio"/> Kadazan/Murut/Bajau <input type="radio"/> Bidayuh					

SECTION 2 : RISK FACTOR

1. Risk Factors :	<input type="checkbox"/> None	<input type="checkbox"/> Ischaemic Heart Disease (IHD)	<input type="checkbox"/> Cataract surgery within last 3 months prior to onset of symptoms in the affected eye(s)
	<input type="checkbox"/> Diabetes Mellitus (DM)	<input type="checkbox"/> Hypercholesterolemia	<input type="checkbox"/> Right eye <input type="checkbox"/> Left eye
	<input type="checkbox"/> Hypertension (HPT)	<input type="checkbox"/> Smoking → <input type="radio"/> Current <input type="radio"/> Past	<input type="checkbox"/> Right eye → <input type="radio"/> < 2 d <input type="radio"/> 2-8 d <input type="radio"/> > 8 d
	<input type="checkbox"/> Past Stroke	<input type="checkbox"/> Myopia - right eye → <input type="radio"/> Right eye → <input type="radio"/> < 2 d <input type="radio"/> 2-8 d <input type="radio"/> > 8 d	<input type="checkbox"/> Left eye → <input type="radio"/> < 2 d <input type="radio"/> 2-8 d <input type="radio"/> > 8 d

SECTION 3 : QUALITY OF LIFE

1. Quality of Life:		<input type="radio"/> Yes → If Yes, do you have difficulty driving during daytime in familiar places?	<input type="radio"/> No → If No, reason:
i. Are you currently driving, at least once a while ?		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Never drive <input type="radio"/> Others, specify:
ii. Because of your eyesight, do you have difficulty reading ordinary print in newspaper?		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Gave up because of poor eye sight

SECTION 4 : MEDICAL HISTORY

1 Medical History :		Symptoms	
i. Metamorphopsia:		<input type="radio"/> Yes <input type="radio"/> No	
ii. Scotoma:		<input type="radio"/> Yes <input type="radio"/> No	
iii. Blurring of vision :		<input type="radio"/> Yes <input type="radio"/> No	
iv. Duration of symptoms:		<input type="text"/> Week(s)	<input type="text"/> Month(s) <input type="text"/> Year(s)
v. Previous treatment for AMD:		<input type="radio"/> Yes → If Yes, what treatment: <input type="checkbox"/> PDT <input type="checkbox"/> PDT+Anti VEGF <input type="checkbox"/> Argon Laser <input type="radio"/> No <input type="checkbox"/> Anti VEGF <input type="checkbox"/> Intravitreal Triamcinolone	

SECTION 5 : CLINICAL FEATURES

1. Affected eye :		<input type="radio"/> Right eye <input type="radio"/> Left eye <input type="radio"/> Both eyes	
		a) Right eye	b) Left eye
2. Vision : (fill in for both affected and non-affected eye)		Unaided: <input type="text"/>	Unaided: <input type="text"/>
		With glasses/ Pin hole: <input type="text"/>	With glasses/ Pin hole: <input type="text"/>
3. Fundus Finding :		a) Right eye	b) Left eye
i. Type of AMD:		<input type="radio"/> Exudative <input type="radio"/> Nonexudative	<input type="radio"/> Exudative <input type="radio"/> Nonexudative
ii. Presence of Drusen:		<input type="radio"/> Yes → <input type="radio"/> Soft <input type="radio"/> Hard <input type="radio"/> No	<input type="radio"/> Yes → <input type="radio"/> Soft <input type="radio"/> Hard <input type="radio"/> No
iii. Presence of Central Geographic Atrophy:		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
iv. Presence of Pigment Epithelial Detachment:		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
v. Presence of Subretinal Haemorrhage:		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
vi. Presence of Disciform Scar:		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SECTION 6 : INVESTIGATION

	a) Right eye		b) Left eye	
1. OCT:	<input type="radio"/> Done <input type="radio"/> Not Done If done, findings: <input type="checkbox"/> Subretinal Fluid <input type="checkbox"/> Pigment Epithelial Detachment <input type="checkbox"/> Others, specify:		<input type="radio"/> Done <input type="radio"/> Not Done If done, findings: <input type="checkbox"/> Subretinal Fluid <input type="checkbox"/> Pigment Epithelial Detachment <input type="checkbox"/> Others, specify:	
2. FFA:	<input type="radio"/> Done <input type="radio"/> Not Done If done, findings: <input type="checkbox"/> CNV <input type="checkbox"/> Scar <input type="checkbox"/> PED ii. Type of choroidal neovascularization (CNV): <input type="checkbox"/> Classic <input type="checkbox"/> Minimally classic <input type="checkbox"/> Predominantly classic <input type="checkbox"/> Occult iii. Location of CNV: <input type="radio"/> Subfoveal <input type="radio"/> Juxtafoveal <input type="radio"/> Extrafoveal		<input type="radio"/> Done <input type="radio"/> Not Done If done, findings: <input type="checkbox"/> CNV <input type="checkbox"/> Scar <input type="checkbox"/> PED ii. Type of choroidal neovascularization (CNV): <input type="checkbox"/> Classic <input type="checkbox"/> Minimally classic <input type="checkbox"/> Predominantly classic <input type="checkbox"/> Occult iii. Location of CNV: <input type="radio"/> Subfoveal <input type="radio"/> Juxtafoveal <input type="radio"/> Extrafoveal	
3. ICG:	<input type="radio"/> Done <input type="radio"/> Not Done If done, findings: <input type="checkbox"/> Polyps <input type="checkbox"/> Plaque <input type="checkbox"/> No Abnormality		<input type="radio"/> Done <input type="radio"/> Not Done If done, findings: <input type="checkbox"/> Polyps <input type="checkbox"/> Plaque <input type="checkbox"/> No Abnormality	

SECTION 7 : DIAGNOSIS *

a) Right eye		b) Left eye	
<input type="checkbox"/> Early AMD	<input type="checkbox"/> Advanced AMD: Disciform Scar	<input type="checkbox"/> Early AMD	<input type="checkbox"/> Advanced AMD: Disciform Scar
<input type="checkbox"/> Intermediate AMD	<input type="checkbox"/> Polypoidal choroidal vasculopathy (PCV)	<input type="checkbox"/> Intermediate AMD	<input type="checkbox"/> Polypoidal choroidal vasculopathy (PCV)
<input type="checkbox"/> Advanced AMD: Geographical Atrophy	<input type="checkbox"/> Choroidal neovascularization (CNV): Active	<input type="checkbox"/> Advanced AMD: Geographical Atrophy	<input type="checkbox"/> Choroidal neovascularization (CNV): Active
	<input type="checkbox"/> Choroidal neovascularization (CNV): Resolved		<input type="checkbox"/> Choroidal neovascularization (CNV): Resolved

SECTION 8 : TREATMENT *

a) Right eye		b) Left eye	
<input type="radio"/> Yes → Type of treatment:	<input type="checkbox"/> PDT <input type="checkbox"/> PDT+Anti VEGF <input type="checkbox"/> Argon Laser <input type="checkbox"/> Others, specify:	<input type="radio"/> Yes → Type of treatment:	<input type="checkbox"/> PDT <input type="checkbox"/> PDT+Anti VEGF <input type="checkbox"/> Argon Laser <input type="checkbox"/> Others, specify:
<input type="radio"/> None	<input type="checkbox"/> Anti VEGF <input type="checkbox"/> Intravitreal Triamcinolone	<input type="radio"/> None	<input type="checkbox"/> Anti VEGF <input type="checkbox"/> Intravitreal Triamcinolone

Form filled by : Medical Retinal (MR) specialist Vitreo-retinal (VR) specialist MR or VR fellow Other specialist Medical officer