CONTACT LENS RELATED CORNEAL ULCER SURVEILLANCE

Office use: / Centre:

Instruction: Please notify all contact lens related corneal ulcer at the time patient is diagnosed by filling in or enter to eNED. Please complete Section 3 and Section 4 by 3 months.
Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◉ are provided, check (√) one box only. * indicates compulsory field.

***i) Hospital / Clinic:** _____ ***ii) Dr in charge :** _____

SECTION 1 : DEMOGRAPHICS

***1. Patient Name :**					
***2. Identification Card Number :** *If MyKad/MyKid is not available, please complete the Old IC or Other ID document No.*	*MyKad / MyKid:*	- -	*Old IC:*		
	Other ID document No:	→	*Specify type (eg.passport, armed force ID):*		
3. Address :	Postcode :	Town / City:		State:	
***4a. Date of Birth:**	d d m m y y	***4b. Age at presentation:** Auto Calculated	year(s)	month(s)	
***5. Gender:**	◉ Male ◉ Female	**6. Ethnic:**	◉ Malay ◉ Indian ◉ Melanau ◉ Iban ◉ Other, specify: ◉ Chinese ◉ Orang Asli ◉ Kadazan/Murut/Bajau ◉ Bidayuh		
7. Source of referral :	◉ Government OPD clinic / Klinik Kesihatan / Klinik Des ◉ General Practitioner (GP) ◉ Optometrists/ Optician ◉ Government Hospital - MO or specialist ◉ Private Hospital - MO or specialists ◉ Others, specify:				

SECTION 2 : OCULAR HISTORY

***1. Date of Presentation:**	d d m m y y	***2. Duration of Symptoms:**	*(days)*			
***3. Affected eye :**	◉ Right Eye ◉ Left Eye ◉ Both Eye					
4. Vision at Presentation :	**Right eye**			**Left eye**		
	a) Unaided:		b) With glasses / pinhole:	a) Unaided:		b) With glasses / pinhole
5. Presumptive causative organism :	☐ Bacteria ☐ Fungus ☐ Acanthamoeba ☐ Others, specify:					
6. Laboratory investigation specimen sent :	☐ Corneal scraping ☐ Contact lens ☐ Contact lens solution ☐ PCR for fungus ☐ Not sent					
7. Type of Contact Lens :	☐ Daily Disposable ☐ Weekly Disposable ☐ 2 weekly Disposable ☐ Cosmetic coloured contact lens ☐ Extended wear ☐ Rigid gas permeable ☐ Monthly Disposable ☐ Others, specify :					
8. Brand of Contact lens :	(e.g. Pure Vision (Bausch & Lomb), Acuvue (Johnson & Johnson), Biomedic (Cooper Vision), Focus Night & Day (Ciba Vision))					
9. Wearing Pattern :	☐ Daily Wear (removes before sleep) ☐ Extended wear (sleeps with lens on)					
10. Cleaning Solution :	☐ Alcon ☐ Bausch and Lomb ☐ Allergan (AMO) ☐ Ciba Vision ☐ Opto-medic ☐ Freskon ☐ Sauflon ☐ Multisoft ☐ I-Gel ☐ Medivue ☐ Normal Saline ☐ Simvue ☐ Multimate ☐ Pharmasafe Multipurpose solution ☐ Tap Water ☐ Others, specify : ☐ Do not use because of daily wear ☐ Not known					
11. Ocular Trauma :	◉ Yes, specify: ◉ No					

SECTION 3 : CULTURE RESULTS BY 3 MONTHS AFTER PRESENTATION

1. Corneal Scraping :	☐ Negative (No growth) ☐ Bacterial, specify: ☐ Not Sent ☐ Missing data			
	☐ Acanthamoeba ☐ Fungal, specify: ☐ Others, specify:			
2. Contact lens :	☐ Negative (No growth) ☐ Bacterial, specify: ☐ Not Sent ☐ Missing data			
	☐ Acanthamoeba ☐ Fungal, specify: ☐ Others, specify:			
3. Contact lens solution :	☐ Negative (No growth) ☐ Bacterial, specify: ☐ Not Sent ☐ Missing data			
	☐ Acanthamoeba ☐ Fungal, specify: ☐ Others, specify:			
4. PCR :	◉ Detected, specify type of organism:	◉ Not Detected	◉ Not Sent	

SECTION 4 : OUTCOME BY 3 MONTHS AFTER PRESENTATION

1. Final Diagnosis: (based on lab results and clinical response to treatment)	☐ Bacterial, specify:		☐ Fungal, specify:		
	☐ Acanthamoeba	☐ Uncertain	☐ Others, specify:		
2. Vision by 3 months after presentation:	**Right eye**			**Left eye**	
	a) Unaided:	b) With glasses / pinhole:	a) Unaided:	b) With glasses / pinhole:	
3. Corneal Perforation :	◉ Yes		◉ No		
4. Surgery :	☐ No ☐ Penetrating keratoplasty ☐ Eviseration ☐ Cornea Gluing ☐ Other, specify:				
5. Case Referred to other center :	◉ Yes, specify hospital:		◉ No		