GLAUCOMA REGISTRY

Office use: / Centre:

Instruction: This form is to be filled for patient who has glaucoma including glaucoma suspect. Where check boxes ☐ are provided, check (√) one or more boxes. Where radio buttons ◯ are provided, check (√) one box only.

i) Hospital : _____ **ii) Date of notification (dd/mm/yy):** ☐☐ ☐☐ ☐☐ **iii) Type of case:** ◯ New ◯ Follow-up

SECTION 1 : PATIENT PARTICULARS

1. Name of Patient : *

2. Identification Card Number : *
If MyKad/MyKid is not available, please complete the Old IC or Other ID document

MyKad / MyKid: ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐

Other ID : (specify) (eg. old IC, passport, armed force, hospital registration No.) _____ *No. :* _____

3. Address :

Postcode: ☐☐☐☐☐ Town / City: _____ State: _____

4a. Date of Birth: * d d m m y y

4b. Age at notification: * (Auto Calculated) ☐☐ year(s) ☐☐ month(s)

5. Gender: *
◯ Male
◯ Female

6. Ethnic Group: *
◯ Malay ◯ Indian ◯ Melanau ◯ Iban ◯ Other, specify : _____
◯ Chinese ◯ Orang Asli ◯ Kadazan/Murut/Bajau ◯ Bidayuh

7. Occupation: *
◯ Government employed ◯ Private employed ◯ Self employed ◯ Unemployed

SECTION 2 : ASSOCIATE FACTORS *

1. Medical History :
☐ None ☐ Hypertension ☐ Cardiac disease ☐ Vasospastic disease ☐ History of steroid therapy
☐ Diabetes ☐ Hypercholesterolemia ☐ Stroke ☐ Respiratory diseases ☐ Family history of glaucoma

SECTION 3 : OCULAR EXAMINATION *

1. Eye(s) affected: ◯ Right eye only ◯ Left eye only ◯ Both eyes

	a) OD	b) OS
2. VA:	(i) : ☐ Unobtainable (ii) Unaided : ☐☐ (iii) With glasses/pH : ☐☐	(i) : ☐ Unobtainable (ii) Unaided : ☐☐ (iii) With glasses/pH : ☐☐
3. CUP-DISC RATIO (VERTICAL) :	◯ 0.1 ◯ 0.4 ◯ 0.7 ◯ 1.0 ◯ 0.2 ◯ 0.5 ◯ 0.8 ◯ Undetermined ◯ 0.3 ◯ 0.6 ◯ 0.9 ◯ No view	◯ 0.1 ◯ 0.4 ◯ 0.7 ◯ 1.0 ◯ 0.2 ◯ 0.5 ◯ 0.8 ◯ Undetermined ◯ 0.3 ◯ 0.6 ◯ 0.9 ◯ No view

SECTION 4 : DIAGNOSIS *

1. Diagnosis :

a) OD		b) OS	
(i) Primary	**(ii) Secondary**	**(i) Primary**	**(ii) Secondary**
◯ Congenital ◯ OHT ◯ POAG ◯ PACG ◯ Glaucoma suspect ◯ PAC ◯ PAC suspect ◯ Others, specify: _____	◯ PEX ◯ PDS ◯ Rubeotic ◯ Inflammatory ◯ Posttraumatic ◯ Lens induced ◯ Steroid Induced ◯ Post Surgery ◯ Malignant ◯ ICE ◯ Mixed Type ◯ OHT ◯ Others, specify: _____	◯ Congenital ◯ OHT ◯ POAG ◯ PACG ◯ Glaucoma suspect ◯ PAC ◯ PAC suspect ◯ Others, specify: _____	◯ PEX ◯ PDS ◯ Rubeotic ◯ Inflammatory ◯ Posttraumatic ◯ Lens induced ◯ Steroid Induced ◯ Post Surgery ◯ Malignant ◯ ICE ◯ Mixed Type ◯ OHT ◯ Others, specify: _____

SECTION 5 : MANAGEMENT *

	a) OD	b) OS
1. No treatment : *(NPL or poor visual potential eye)*	◯ Yes ◯ No	◯ Yes ◯ No
2.Observation:	◯ Yes ◯ No	◯ Yes ◯ No
3. Current Medical Therapy *Note : fixed combination consider as 2 drugs*	Antiglaucoma medication (topical/systemic) : ◯ Yes ◯ No ☐ Beta-blockers ☐ Alpha-adrenergic ☐ Systemic CAIs ☐ Prostaglandins ☐ Hyperosmotic agents ☐ Topical CAIs ☐ Cholinergics ☐ Others, specify: _____	Antiglaucoma medication (topical/systemic) : ◯ Yes ◯ No ☐ Beta-blockers ☐ Alpha-adrenergic ☐ Systemic CAIs ☐ Prostaglandins ☐ Hyperosmotic agents ☐ Topical CAIs ☐ Cholinergics ☐ Others, specify: _____
4. Previous Laser Therapy	◯ Yes ◯ No ☐ Iridotomy ☐ Trabeculoplasty ☐ Endocyclodiode ☐ Iridoplasty ☐ Transcleral Cyclodiode ☐ Others, specify:	◯ Yes ◯ No ☐ Iridotomy ☐ Trabeculoplasty ☐ Endocyclodiode ☐ Iridoplasty ☐ Transcleral Cyclodiode ☐ Others, specify:
5. Previous Surgery	◯ Yes ◯ No ☐ Trabeculectomy (plain) ☐ Trabeculectomy (augmented) ☐ Drainage Device ☐ Cryotherapy ☐ Needling ☐ Surgical PI only ☐ Non Penetrating Surgery ☐ Goniotomy ☐ Trabeculotomy ☐ Others, specify _____	◯ Yes ◯ No ☐ Trabeculectomy (plain) ☐ Trabeculectomy (augmented) ☐ Drainage Device ☐ Cryotherapy ☐ Needling ☐ Surgical PI only ☐ Non Penetrating Surgery ☐ Goniotomy ☐ Trabeculotomy ☐ Others, specify _____

Examined by : ◯ Glaucoma Specialist ◯ Glaucoma Fellow ◯ Other specialist ◯ Medical Officer