

**ITEDS / VISA FIRST VISIT FORM**

Date:

Visit: 1

Patient Label:

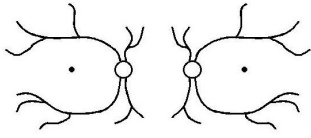


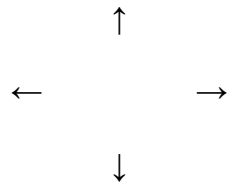

Date of birth:

Age:

Gender:

**CHIEF COMPLAINT:**

ORBITOPATHY	THYROID	GENERAL
<p>Date of Onset:</p> <p>Rate of Onset: Acute (days/wks) Chronic (months)</p> <p>Symptoms (specific detail below):</p>	<p>Date of Onset:</p> <p>Rate of Onset: Acute (days/wks) Chronic (months)</p> <p>Symptoms:</p> <p>Pretibial myxedema <input type="checkbox"/></p> <p>Clubbing (acropachy) <input type="checkbox"/></p>	<p>Occupation:</p> <p>Smoking:</p> <p>Allergies:</p> <p>Family History:</p>
<p>Progress over past 2 months:</p> <p>Same(stable) <input type="checkbox"/></p> <p>Better <input type="checkbox"/></p> <p>Worse <input type="checkbox"/></p>	<p>Progress over past 2 months:</p> <p>Same (stable) <input type="checkbox"/></p> <p>Better <input type="checkbox"/></p> <p>Worse <input type="checkbox"/></p>	<p>Immune disorders:</p> <p>Alopecia <input type="checkbox"/></p> <p>Myasthenia <input type="checkbox"/></p> <p>Vitiligo <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>Name of ophthalmologist/optometrist:</p> <p>Investigations:</p> <p>Therapy:</p> <p>Drops:</p> <p>Medications:</p> <p>Radiotherapy:</p>	<p>Name of endocrinologist:</p> <p>Investigations:</p> <p>Therapy:</p> <p>PTU <input type="checkbox"/></p> <p>Tapazole <input type="checkbox"/></p> <p>Thyroidectomy <input type="checkbox"/></p> <p>Radioactive Iodine <input type="checkbox"/></p> <p>Thyroid supplement <input type="checkbox"/></p> <p>Current Thyroid Status:</p> <p>Normal, high, low, unknown</p>	<p>Other Medical History:</p> <p>Non-thyroid Medications:</p>
<p>Most bothersome orbitopathy features:</p> <p>Vision: <input type="checkbox"/></p> <p>Inflammation / congestion: <input type="checkbox"/></p> <p>Strabismus / restriction: <input type="checkbox"/></p> <p>Appearance / exposure: <input type="checkbox"/></p>	<p>Most bothersome systemic features:</p> <p>Weight loss <input type="checkbox"/></p> <p>Tremors <input type="checkbox"/></p> <p>Heat intolerance <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Over-all QOL relating to disease:</p> <p>☹️ ----- 😊</p>

SUBJECTIVE	OBJECTIVE	OD	OS	
<b>VISION</b> Vision: n / abn Color vis: n / abn Progress: s / b / w	Central vision: sc / cc / ph with manifest Color vision plates (HRR) / 14 Pupils (afferent defect) Optic nerve: Edema Pallor Macular / lens pathology	20/____ 20/____ y / n y / n y / n y / n	20/____ 20/____ y / n y / n y / n y / n	<b>Refractions:</b> Wearing _____ + _____ X _____ _____ + _____ X _____ Manifest _____ + _____ X _____ _____ + _____ X _____ 
<b>INFLAMM<sup>N</sup>/ CONGESTION</b> Retrolubar ache At rest (0-1) With gaze (0-1) Lid swelling: y / n Diurnal variation: (0-1) Progress: s / b / w	Caruncular edema (0-1) Chemosis (0-2) Conjunctival redness (0-1) Lid redness (0-1) Lid edema Upper (0-2) Lower (0-2)			<b>Inflammatory Index (worst eye/eyelid)</b> Caruncular edema (0-1): Chemosis (0-2): Conj redness (0-1): Lid redness (0-1): Lid edema (0-2): Retrolubar ache (0-2): Diurnal variation (0-1): <b>Total (10):</b>
<b>STRABISMUS/ MOTILITY</b> Diplopia: None (0) With gaze (1) Intermittent (2) Constant (3) Head turn / tilt: y / n Progress: s / b / w	Ductions (degrees): Restriction > 45° 30-45° 15-30° < 15°	 0 1 2 3	 0 1 2 3	Prism Measure: 
<b>APPEARANCE/EXPOSURE</b> Lid stare y / n Light sensitivity y / n Bulging eyes y / n Tearing y / n Ocular irritation y / n Progress: s / b / w	Upper lid position: (MRD) Scleral show (upper) (lower) Levator function Lagophthalmos Exophthalmometry (Base: mm) Corneal erosions Corneal ulcers SLK IOP -straight -up	mm mm mm mm mm mm y / n y / n y / n mmHg mmHg	mm mm mm mm mm mm y / n y / n y / n mmHg mmHg	Fat prolapse and eyelid position: 
<b>DISEASE GRADE</b> V (optic neuropathy) y / n I (inflammation/congestion) 0-10 S (diplopia) 0-3 (restriction) 0-3 A (appearance/exposure): none-severe	<b>Grade</b> / 1 / 10 / 3 / 3 / 3	<b>Progress / Response</b> s / b / w s / b / w s / b / w s / b / w s / b / w	<b>DISEASE ACTIVITY</b> Active Quiescent	
<b>INVESTIGATIONS</b> Photos <input type="checkbox"/> CT Scan <input type="checkbox"/> U/S <input type="checkbox"/> Vis Field [HVF 24-2 SITA] <input type="checkbox"/> Color vision [D 15] <input type="checkbox"/>	<b>Lab tests:</b> T4 <input type="checkbox"/> T3 <input type="checkbox"/> TSH <input type="checkbox"/> TSHR Ig <input type="checkbox"/>			<b>FOLLOW-UP INTERVAL:</b>
<b>MANAGEMENT:</b>				<b>RESEARCH STUDY:</b>