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 : *
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:

4. Date of Birth: * (dd/mm/yy)

5. Age at presentation: * *(Auto calculated)* year(s) month(s)

6. Gender: * ◯ Male ◯ Female

7. Ethnicity: ◯ Malay ◯ Indian ◯ Melanau ◯ Iban ◯ Other, specify:
◯ Chinese ◯ Orang Asli ◯ Kadazan/Murut/Bajau ◯ Bidayuh

SECTION 2 : RISK FACTOR

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

SECTION 3 : QUALITY OF LIFE

1. Quality of Life:

i. Are you currently driving, at least once a while ?
◯ Yes → If Yes, do you have difficulty driving during daytime in familiar places? ◯ Yes ◯ No
◯ No → If No, reason: ◯ Never drive ◯ Gave up because of poor eye sight ◯ Others, specify:

ii. Because of your eyesight, do you have difficulty reading ordinary print in newspaper?
◯ Yes ◯ No

SECTION 4 : MEDICAL HISTORY

1 Medical History :	Symptoms
i. Metamorphopsia:	◯ Yes ◯ No
ii. Scotoma:	◯ Yes ◯ No
iii. Blurring of vision :	◯ Yes ◯ No
iv. Duration of symptoms:	____ Week(s) ____ Month(s) ____ Year(s)
v. Previous treatment for AMD:	◯ Yes → If Yes, what treatment: ☐ PDT ☐ Anti VEGF ☐ PDT+Anti VEGF ☐ Intravitral Triamcinolone ☐ Argon Laser ◯ No

SECTION 5 : CLINICAL FEATURES

1. Affected eye : ◯ Right eye ◯ Left eye ◯ Both eyes

	a) Right eye	b) Left eye
2.* Vision : (fill in for both affected and non-affected eye)	Unaided: ____ With glasses/ Pin hole: ____	Unaided: ____ With glasses/ Pin hole: ____
3.* Fundus Finding :	a) Right eye	b) Left eye
i. Type of AMD:	◯ Exudative ◯ Nonexudative	◯ Exudative ◯ Nonexudative
ii. Presence of Drusen:	◯ Yes → ◯ Soft ◯ Hard ◯ No	◯ Yes → ◯ Soft ◯ Hard ◯ No
iii. Presence of Central Geographic Atrophy:	◯ Yes ◯ No	◯ Yes ◯ No
iv. Presence of Pigment Epithelial Detachment:	◯ Yes ◯ No	◯ Yes ◯ No
v. Presence of Subretinal Haemorrhage:	◯ Yes ◯ No	◯ Yes ◯ No
vi. Presence of Disciform Scar:	◯ Yes ◯ No	◯ Yes ◯ No

SECTION 6 : INVESTIGATION

	a) Right eye	b) Left eye
1. OCT:	◯ Done ◯ Not Done → If done, findings: ☐ Subretinal Fluid ☐ Pigment Epithelial Detachment ☐ Others, specify:	◯ Done ◯ Not Done → If done, findings: ☐ Subretinal Fluid ☐ Pigment Epithelial Detachment ☐ Others, specify:
2. FFA:	◯ Done ◯ Not Done → If done, findings: i. ☐ CNV ☐ Scar ☐ PED; ii.Type of choroidal neovascularization (CNV): ☐ Classic ☐ Minimally classic ☐ Predominantly classic ☐ Occult; iii.Location of CNV: ◯ Subfoveal ◯ Juxtafoveal ◯ Extrafoveal	◯ Done ◯ Not Done → If done, findings: i. ☐ CNV ☐ Scar ☐ PED; ii.Type of choroidal neovascularization (CNV): ☐ Classic ☐ Minimally classic ☐ Predominantly classic ☐ Occult; iii.Location of CNV: ◯ Subfoveal ◯ Juxtafoveal ◯ Extrafoveal
3. ICG:	◯ Done ◯ Not Done → If done, findings: ☐ Polyps ☐ Plaque ☐ No Abnormality	◯ Done ◯ Not Done → If done, findings: ☐ Polyps ☐ Plaque ☐ No Abnormality

SECTION 7 : DIAGNOSIS *

a) Right eye	b) Left eye
☐ Early AMD ☐ Intermediate AMD ☐ Advanced AMD: Geographical Atrophy ☐ Advanced AMD: Disciform Scar ☐ Polypoidal choroidal vasculopathy (PCV) ☐ Choroidal neovascularization (CNV): Active ☐ Choroidal neovascularization (CNV): Resolved ☐ Others, specify:	☐ Early AMD ☐ Intermediate AMD ☐ Advanced AMD: Geographical Atrophy ☐ Advanced AMD: Disciform Scar ☐ Polypoidal choroidal vasculopathy (PCV) ☐ Choroidal neovascularization (CNV): Active ☐ Choroidal neovascularization (CNV): Resolved ☐ Others, specify:

SECTION 8 : TREATMENT *

a) Right eye	b) Left eye
◯ Yes → Type of treatment: ☐ PDT ☐ Anti VEGF ☐ PDT+Anti VEGF ☐ Intravitral Triamcinolone ☐ Argon Laser ☐ Others, specify: ◯ None	◯ Yes → Type of treatment: ☐ PDT ☐ Anti VEGF ☐ PDT+Anti VEGF ☐ Intravitral Triamcinolone ☐ Argon Laser ☐ Others, specify: ◯ None

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