

FFB/CIBC Children's Vision Research Registry

Data Collection Form

Patient Name (PRINT): _____

Gender: F M

Address: _____

Phone number: _____

Date of Birth (MM/DD/YYYY): _____

Name of Eye Doctor: _____

Address of Eye Doctor: _____

Phone number of Eye Doctor: _____

Retinal Diagnosis: _____

Clinical Status: Affected

Carrier

Unaffected

Clinical Ocular History

Personal Medical History

Genetic Information

Ethnicity: _____

Familial Disease: Yes

No

Unknown

Inheritance: Known (please identify):

Unknown

Blood drawn for testing: Yes No

Genetic Result obtained: Yes No

If yes:

Eye Assessment: date _____

	OD	OS
VA		
Refraction		
Humphrey Visual Field	deg	deg
Goldman Visual Field	deg	deg
Cataract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudophakia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudophakia
Cataract Severity	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Optic Disc	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Define:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Define:
Macula	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Define:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Define:
Retina	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Define:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Define:
ERG:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Non Recordable <input type="checkbox"/> Not done <input type="checkbox"/> Rod-Cone dystrophy <input type="checkbox"/> Cone-Rod dystrophy	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Non Recordable <input type="checkbox"/> Not done <input type="checkbox"/> Rod-Cone dystrophy <input type="checkbox"/> Cone-Rod dystrophy