

Baseline Ophthalmology Summary

Please Use Black Pen To Fill Out Form.

24167

<b>Week #</b> <i>week</i>	<b>Date of Assessment</b> <i>assesdtdt</i>	<b>Patient ID</b> <i>idn</i>	<b>Patient Letter Code</b> <i>letcode</i>	<b>Correction</b> <i>corfix</i>
[ ][ ]	[ ][ ] / [ ][ ] / [ ][ ][ ][ ] <small>mm dd yyyy</small>	[ ][ ] - [ ][ ][ ][ ] - [ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]

**Instructions:**

Use this form to record the results of the baseline ophthalmology exam from the *Ophthalmology Exam Worksheet* or the ophthalmologist's exam form.

1. Date of the ophthalmologic exam:	<i>blonexmdt</i>	<b>CRA Use Only</b>
2. Name of the examining ophthalmologist:	_____	
3. Did the patient have severe retinopathy?	<input type="radio"/> Yes <input type="radio"/> No <i>blopretino</i>	
If <b>Yes</b> , do not enroll the patient.		
4.A. Was the patient referred to another ophthalmologist?	<input type="radio"/> Yes <input type="radio"/> No <i>blprefer</i>	
If <b>No</b> , skip to item 5.		
B. Date of referral:	<i>blpreferdt</i>	
C. Name of the ophthalmologist:	_____	
5.A. Did the patient withdraw from PEDS-C?	<input type="radio"/> Yes <input type="radio"/> No <i>blpwithdraw</i>	
B. If <b>Yes</b> , date of Withdrawal/Close-out Form:	<i>blpwithdrawdt</i>	

Signature: \_\_\_\_\_

Certif. #: *staffid1*