

# PEDS-C

## Follow-up Ophthalmology Summary

PDC 61  
Rev 0  
07/28/2005  
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64518

Please Use Black Pen To Fill Out Form.

**corfix**  
Correction

| Week #                           | Sequence #                        | Date of Assessment   | Patient ID  | Patient Letter Code                 |
|----------------------------------|-----------------------------------|--|---|-------------------------------------|
| <i>week</i> <input type="text"/> | <i>seqno</i> <input type="text"/> | <i>assessdt</i> <input type="text"/> / <input type="text"/> / <input type="text"/> | <i>idn</i> <input type="text"/> - <input type="text"/> - <input type="text"/> | <i>letcode</i> <input type="text"/> |
|                                  |                                   | mm / dd / yyyy   |   |                                     |

**Instructions:**

Use this form to record the results of scheduled and unscheduled follow-up ophthalmology exams from the *Ophthalmology Exam Worksheet* or the ophthalmologist's exam form. Always complete the sequence #, within each Week #, beginning with 01.

**CRA Use Only**

1. Date of the ophthalmologic exam:

**fuopdt**  /  /

mm / dd / yyyy

2. Name of the examining ophthalmologist: \_\_\_\_\_

3. Did the patient have new or worsening ocular disorders?

**Yes**     **No**

**fuopdsordr**

If **No**, skip to Signature and Certif. #.

4.A. Was the patient referred to another ophthalmologist?

**Yes**     **No**

**fuopref**

If **No**, skip to item 5.

B. If **Yes**, Date of referral:

**fuoprefdt**  /  /

mm / dd / yyyy

C. Name of the ophthalmologist: \_\_\_\_\_

5. Briefly describe the disorder:

|                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>fuopdsordrm1</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>fuopdsordrm2</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

6.A. Was the problem resolved?

**Yes**     **No** **fuoprslv**

B. If **Yes**, date resolved:

**fuoprslvdt**  /  /

mm / dd / yyyy

7.A. Was the patient placed on untreated follow-up?

**Yes**     **No** **fuopuf**

B. If **Yes**, date of follow-up placement:

**fuopufdt**  /  /

mm / dd / yyyy

8.A. Did the patient withdraw from PEDS-C?

**Yes**     **No** **fuopwd**

B. If **Yes**, date of Withdrawal/Close-out Form:

**fuopwddt**  /  /

mm / dd / yyyy

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

Certif. #: \_\_\_\_\_

**staffid1**  -