EUGOGO CENTRE CODE   Study CODE (letter)   EUGOGO patient number

EUGOGO follow-up assessment proforma

Please complete **non-italicised boxes** except where indicated, plus relevant *italicised* ones. For queries on entering dates click here. *For hard copies, ensure header complete for each page*

Date of follow up   (dd mm yyyy)

Year of birth (dd mm yyyy) **Body Weigth (kg)**

F2. Recent thyroid Status

2.0 Dysthyroidism since last data sent

If yes, please specify __changes__ only   *(please encircle "C" if treatment is continuing)*

2.2 Thyroid treatment since data last sent

ATD

Commenced *until* c OR

Radio-iodine

Date of treatment
          dd   *mm*   *yyyy*

Total Dose given (mBQ)

Thyroidectomy

Date of operation
          dd   *mm*   *yyyy*

F3. Current thyroid status

3.3. Current thyroid medication   Time since starting (months)

carbimazole   mg/d

methimazole   mg/d

PTU   mg/d

T4 $\mu g/d$

T3 $\mu g/d$

No medication   ☐

3.4 Thyroid tests

fT4   , pmo/L   /   , ng/dl

fT3   , pmo/L   /   , ng/dl **/ OR T3** , nmol/L

TSH   , mU/L

TRAb   *specify units*   *and assay*

TPO Ab   kU/L   *specify assay*

F4. Patient co-morbidity

Any significant change   *specify*

F5. Smoking

Never smoked ☐ *if you have ticked this box go straight to section F9*
Ex-smoker ☐ *when stopped*   *(dd mm yyyy)*
Current smoker ☐ *current dailyintake*
Passive smoker ☐

F9. Graves orbitopathy: current status
SYMPTOMS - during last four weeks

1. painful oppressive feeling in or behind the globe ☐

2. Gaze evoked pain ☐

3. Exessive watering ☐

4. Photophobia ☐

5. Grittiness ☐

6. Double vision ☐

7. Gorman score   (NB: if wearing prism then score as "constant") ☐

8. Blurred vision ☐

F10. Examination of eyes

	Right / OD	**Left / OS**
Best visual acuity	☐ , ☐	☐ , ☐
RAPD	☐	☐
Color vision	☐	☐

SOFT TISSUE SIGNS

	Right / OD	Left / OS
'Active'eyelid swelling	☐	☐
Eyelid erythema	☐	☐
Conjunctival redness	☐	☐
Chemosis	☐	☐
Caruncle swelling	☐	☐
Plical swelling	☐	☐
Redness Lat.Rect. insertion	☐	☐
Sup. limbic keratoconjunctiv.	☐	☐

Eyelid Positions: (examine with **distance** fixation)

	Right / OD	**Left / OS**
1° fixation impossible if no AHP	☐	☐
Palprebral aperture	☐ mm	☐ mm
(+ / -) Upper lid retraction	☐ ☐ mm	☐ ☐ mm (relative to limbus)
(+ / -) Lower lid retraction	☐ ☐ mm	☐ ☐ mm (relative to limbus)
Lagophthalmos	☐	☐

Lateral flare

Proptosis (mm)

Intercanthal distance

Exophalmometer

Motility:

a) Abnormal head posture present

b) Orthotropic

Eye position with preferred _distance_ fixation when AHP corrected

esotropia

exotropia

hypotropia

hypertropia

Binocular single vision possible _without_ prism

Monocular ductions   **Right / OD**   **Left / OS**

adduction °   °

abduction °   °

90° elevation °   °

270° depression °   °

Right / OD   **Left / OS**

CORNEA

Intraocular pressure (1° position)

Right / OD	Left / OS

OPTIC NEUROPATHY ASSESSMENT: (in addition to VA, colour + pupil assessments)

Disc

Choroidal folds

Is there evidence of optic neuropathy ?

please specify any additional evidence for e.g. visual fields, VEP, contrast sensitivity

F11. Ocular co-morbidity with influence on GO assessment

glaucoma

cataract

other ☐

if yes, please specify what effect on GO signs ☐

F12. Summary of GO

12.1 Evidence of orbitopathy ☐

12.2 Clinically active GO ☐

F13. CAS score

Sum of symptoms 9.1, 9.2 plus all 5 soft tissue signs if score in either eye ☐

2mm proptosis increase; >8° ocular excursion decrease; acuity loss of 1 Snellen lin ☐

Total CAS (insert possible total in 2nd box ☐ ☐

F14. NOSPECS

N	☐	O	☐	2		3		4		5		6	

(please encircle "N" or "O", or otherwise complete all numbered boxes with O,a,b or c)

F16. Changes in orbitopathy since last data sent

16.1 subjective symptoms: Overall trend ☐

Overall change in signs of severity ☐

Overall change in signs of activity ☐

Active GO treatment since last data ☐

16.2 GO treatment since last data

16.2.1 Topical lubricants ☐

16.2.2 Immunosuppression ☐   *If yes, agent used?* ☐

initial dose ☐   *duration (weeks)* ☐   Or current ☐

change from initial plan data? ☐

16.2.3 Orbital irradiation ☐   Gy ☐   fractions ☐   Duration weeks ☐

change from initial plan data? ☐

16.2.4 Surgery for GO ☐   *(what, and which side* ☐

☐

change from initial plan data? ☐

F17. Further management plans

a) Immunosuppression ☐

b) Irradiation ☐

c) Surgery ☐   *specify* ☐

d) Other [ ] *specify* [ ]

e) Discharge [ ]

a) IF immunosuppression is planned:

Steroids [ ]

If yes [ ]

Initial dose _____ *mg (prednisolone eqivalent)*

Planned Duration _____ *months*

Lanreotide [ ]

Octreotide [ ]

IV Ig [ ]

Other (specify) [ ]

b) IF irradiation is planned:

dose [ ] *Gy* *Fractions* [ ]

Durations [ ] *weeks*

c) If surgical procedures are planned:

1. Decompression [ ] *if yes (a)* [ ]

(b) [ ]

Approach Right [ ]

If other, or combination of above, please specify [ ]

Approach Left [ ]

If other, or combination of above, please specify [ ]

Removal of bony walls	Right / OD	Left / OS
inferior	[ ]	[ ]
medial	[ ]	[ ]
lateral	[ ]	[ ]
superior	[ ]	[ ]
posterior	[ ]	[ ]
Removal of fat	[ ]	[ ]

2. Strabismus surgery [ ]

If yes, which muscles and what:	Right / OD	Left / OS
rectus medialis	[ ]	[ ]
rectus lateralis	[ ]	[ ]
rectus superior	[ ]	[ ]

5

rectus inferior			
superior olique			
inferior oblique			

3. Eyelid surgery

If yes, which lid and what: **Right / OD** **Left / OS**

	Right / OD	Left / OS
eyelid lengthening		
skin removal		
fat removal		
shortening		
tarsorrhaphy		

Other treatment for GO

Antioxidants *specify*

Tropical lubricants

Diuretics

Other (please specify)

End of proforma for follow-up assessment: any other remarks