

**APPLICATION FORM for GROUPS AIMING at BECOMING PART of the
EUROPEAN GROUP ON GRAVES ORBITOPATHY**

Name of principal Endocrinologist

Job title

Name of Institution

Address

Telephone

Fax

E-mail

EUGOGO Course: attended Y/N

Name of principal Ophthalmologist

Job title

Name of Institution

Address

Telephone

Fax

E-mail

EUGOGO Course: attended Y/N

Please list names and roles of other members of your team involved in the care of patients with Graves' Ophthalmopathy.

Name	Job title	EUGOGO Course
.....	attended Y/N
.....	attended Y/N
.....	attended Y/N
.....	attended Y/N
.....	attended Y/N

Does your centre run a Joint Clinic by endocrinologist and ophthalmologist specifically catering for patients with Graves ophthalmopathy?

Y / N

If yes, how often is your joint clinic?.....

Please describe the clinical service that you provide for patients with Graves' ophthalmopathy and how it is delivered. Please describe in detail the multidisciplinary nature of your service.

Please describe the sources of referral to your centre, including the approximate numbers of new cases that are seen annually.

Please provide approximate numbers of patients who receive various treatments the name of the physician / surgeon responsible and the name and place of the hospital where these treatments are administered.

Steroids

Number of patients receiving high dose steroids per annum
Name of responsible clinician supervising treatment
Name and city of hospital

Orbital irradiation

Number of patients receiving orbital irradiation per annum
Name of responsible clinician supervising treatment
Name and city of hospital

Orbital decompression

Number of patients receiving orbital decompression per annum
Name of responsible clinician supervising treatment
Name and city of hospital

Strabismus surgery

Number of patients receiving strabismus surgery per annum.....
Name of responsible clinician supervising treatment
Name and city of hospital

Lid surgery

Number of patients receiving
Lid surgery per annum
Name of responsible clinician supervising treatment
Name and city of hospital

SCIENTIFIC OUTPUT

Track record (publications) in the field of Graves' orbitopathy of the principal ophthalmologist (please list the 5 most relevant publications)

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

Track record (publications) in the field of Graves' orbitopathy of the principal endocrinologist (please list the 5 most relevant publications)

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

Track record (publications) in the field of Graves' orbitopathy generated by the Joint Clinic (collaboration principal endocrinologist – principal ophthalmologist) (please list the 5 most relevant publications)

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

Names of applicants	Signatures of applicants	Date
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