EUGOGO CENTRE CODE Study CODE (letter) EUGOGO patient number

EUGOGO initial 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*

1. Date of inclusion

dd *mm* *yyyy*

Year of birth

Sex **Body Weigth (kg)** **Height (cm)**

Race Other (specify)

2. Thyroid history

Onset of thyroid symptoms (mm (or season) / yyyy)

Date of diagnosis

Has the patient relapsed after treatment?

2.1 Previous thyroid treatments:

a) ATD *commenced* *No.courses*

Current ? *stopped*

b) Radio-iodine

Dates of treatment *1.* *2.* *3.*

Total dose given (mBq)

c) Thyroidedectomy *Date of last operation*

3. Current thyroid status

3.1 Visible goiter?

3.2 Thyroid dermopathy?

3.2.1 Clinical status

3.3 Current thyroid medication:

carbimazole mg **OR** methimazole mg

PTU mg

T4 µg

T3 µg

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*

4. Patient co-morbidity (non-ocular)

diabetes

Addison's

pernicious anaemia

vitiligo

rheumatoid arthritis

other autoimmune

5. Smoking history

If current or ex-smoker of cigarettes:

total consumption *packyears (yers x packs per day)*

current daily intake

If ex-smoker, when stopped: *(mm / yyyy)*

6. Family history

FH autoimmune thyroid disease

FH autoimmune diabetes

FH other autoimmune disease

7. GO history

7.1 Date of eye symptom onset *(mm / yyyy)*

7.2 Previous and current treatments (please tick "c" if treatment continuing

7.2.1 Topical eye preparations *commenced*

7.2.2 Systemic steroids *from* *until* c☐ *OR*

If second course *from* *until* c☐ *OR*

If third course *from* *until* c☐ *OR*

7.2.3 Orbital irradiation *from* *until*

7.2.4 Surgery for GO

If Surgery for GO:

orbital decompression *date* *specify*

eye muscule surgery *date* *specify*

eyelid surgery *date* *specify*

Other (specify)

7.2.5 Other previous or current treatment for GO

date *specify*

Is this treatment continuing

8. Current medications *(please list all medications)*

Drug	Dose	Times per day

9. Graves‘ orbitopathy: current status

SYMPTOMS-during last four weeks

1. Painful oppressive feeling in or behind the globe ☐
2. Gaze evoked pain ☐
3. Excessive watering ☐
4. Photophobia ☐
5. Grittiness ☐
6. Double vision ☐
7. Gorman score (NB: if wearing prism then score as “constant“ ☐
6. Blurred vision ☐

10. Examination of eyes

	Right / OD	Left / OS
Best visual acuity (decimalised)	☐,☐	☐,☐
RAPD	☐	☐
Color vision	☐	☐

SOFT TISSUE SIGNS

‘Active’ eyelid swelling	☐	☐
Eyelid erythema	☐	☐
Conjunctival redness	☐	☐
Chemosis	☐	☐
Caruncle swelling	☐	☐
Pilcal 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:

Abnormal head posture present ☐

Eye position with preferred *distance* fixation when AHP corrected

esotropia ☐

exotropia ☐

hypotropia ☐

hypertropia ☐

Binocular single vision possible *without* prism ☐

Monocular duction	**Right / OD**	**Left / OS**
adduction	☐ °	☐ °
abduction	☐ °	☐ °
90° elevation	☐ °	☐ °
270° depression	☐ °	☐ °

	Right / OD	**Left / OS**
CORNEA	☐	☐

Bell's phenomenon ☐

Intraocular pressure (1° position)

Right / OD	**Left / OS**
☐	☐

OPTIC NEUTROPATHY 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

☐

11. Ocular co-morbidity with influence on GO assessment

glaucoma

cataract

other

if yes, please specify what effect on GO signs

12. Summary of GO

Evidence of orbitopathy

Clinically active GO

13. CAS score

Sum of symptoms 9.1, 9.2 plus all 5 soft tissue signs if score in either eye
2mm proptosis increase; >8º ocular excursion decrease; acuity loss of 1 Snellen lin

Total CAS (insert possible total in 2nd box

14. 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)

15. Initial management plan

Immunosuppression

Irradiation

Surgery

Close observation

Discharge

Other *specify*

a) IF immunosuppression is planned:

Steroids

If yes

Initial dose *mg (prednisolone eqivalent)*

Planned Duration *months*

Lanreoide

Octreotide

IV Ig

Other (specify

b) IF irradiation is planned:

dose _____ *Gy* *Fractions* _____

Durations _____ *weeks*

c) If surgical procedures are planned:

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		

Strabismus surgery _____

If yes, which muscles and what:	***Right / OD***	***Left / OS***
rectus medialis		
rectus lateralis		
rectus superior		
rectus inferior		
superior olique		
inferior oblique		

Eyelid surgery _____

If yes, which lid and what:	***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 initial assessment: any other remarks