

U.S. EYE INJURY REGISTRY

6 MONTH FOLLOW-UP REPORT



1) Check appropriate responses 2) Fill out comments 3) File bilateral injury reports separately
4) Submit Data via WEIRONLINE.org 5) Write Down Record ID _____

A IDENTIFICATION:

Patient's Initials: _____
Patient's Home ZIP: _____
Medical Rec. # _____
Age: _____ Sex: M F
Injury Date: ____/____/____
Eye: Right Left
Race: _____
Reporting MD: _____
Exam Date for Report: ____/____/____
Report Filer's Name: _____

O CORRECTED VISION:

DATE: ____/____/____
 00 NLP
 10 LP
 20 HM
 30 1/200 to 4/200 (CF)
 40 5/200 to 19/200
Specify VA _____
 91 Not Tested
 98 Unknown
 99 Other _____
Description of follow up vision test:

P LENS STATUS:

10 Phakic - Clear
 20 Phakic - Cataract
 30 Phakic - Unknown
 40 Aphakic - Clear
 50 Aphakic - Membrane
 60 Aphakic - Unknown
 71 Pseudophakic - AC
 80 Pseudophakic - PC

U HOSPITALIZATION DUE TO INJURY?

Yes No Unknown

Q VISUAL FIELD:

10 100%
 20 75%
 30 50%
 40 25%
 50 < 25%
 60 0%
 98 Unknown

S VISUAL LOSS CONTR. FACTORS:

01 Eyelid
 10 Cornea
 21 Glaucoma
 22 Pupillary Opacity
 30 Cataract
 40 Vitreous Opacity
 50 Retina
 55 Macula
 58 Choroid
 70 Orbit
 80 Optic Nerve
 97 None
 98 Unknown
 99 Other _____

R VISUAL FUNCTION:

10 Stable
 20 Improving
 30 Decreasing
 98 Unknown

RR POTENTIALLY IMPROVABLE WITH ADDITIONAL TREATMENT?

Yes No Unknown

T REHAB. STATUS:

10 Former Job _____
 20 Limited Job _____
 30 Unemployed
 40 Retraining
 50 Student
 51 Child
 98 Unknown
 99 Other _____

V COMMENTS:

W LATE DIAGNOSES:

LID: 01.0 Eyelid Deformity
 03.0 Lacrimal Obstruction
 04.0 Conjunctival Scarring
CORNEA: 10.5 Corneal Scar
▶ *In Visual Axis?* 14.1 Y 14.2 N
 10.6 Corneal Edema
▶ *In Visual Axis?* 14.1 Y 14.2 N
IRIS: 22.1 Iris Deformity
 22.2 Pupillary Membrane
 24.0 Angle Recession
 26.0 Glaucoma, Secondary
▶ *Controlled?* 26.1 Yes 26.2 No
LENS: 28.0 Hypotony
 28.1 Phthisis
 30.0 Cataract, Traumatic
 32.0 Subluxed
▶ 32.1 Dislocated Lens
 34.0 Aphakia
 36.0 Pseudophakia
▶ 36.1 AC IOL 36.2 PC IOL
HEMORRHAGE: 40.0 Vitreous
 50.0 Retinal 55.5 Macular
EDEMA: 51.0 Retinal Traumatic
 55.2 Macular
DEFECT: 52.0 Retinal 52.1 Tear
 52.2 Giant Tear 52.3 Laceration
 52.4 Dialysis 52.5 Hole
 53.0 Retinal Detachment
▶ *Number of Quadrants?*
 1 2 3 4
 53.1 Hemorrhagic 53.2 Tractional
 53.3 Rhegmatogenous
 53.5 Macular
 57.0 Proliferative Vitreoretinopathy
▶ *PVR Stage* A B C D
 1 2 3
 55.0 Macular Degeneration/Scarring
 55.1 Epimacular Membrane
 55.3 Macular Hole
CONTUSION: 55.4 Maculopathy
 54.0 Retinopathy

W LATE DIAGNOSES (CONT.):

CHOROICAL: 58.0 Hemorrhage 58.1 Rupture
 64.0 Strabismus
OPTIC NERVE: 88.0 Atrophy 82.0 Injury
 92.0 Endophthalmitis Organism _____
 95.0 Uveitis 93.0 Sympathetic ophthalmia
 96.0 Enophthalmos 97.0 Proptosis
 98.0 Unknown
 99.0 Other or Comments (*use space below*)

X ADDITIONAL OPERATIONS:

	DATE #2	DATE #3	DATE #4
	____/____/____	____/____/____	____/____/____
	#2	#3	#4
REPAIR EYELID WOUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 00.3 Oculoplastic Surgery, Eyelids
LACRIMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02.0 Repair Lacrimal System <input type="checkbox"/> 18.0 Exploration of Globe
IOFB EXTR., MAGNET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 90.1 Anterior Segment <input type="checkbox"/> 90.2 Posterior Segment
IOFB EXTR., FORCEPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 91.1 Anterior Segment <input type="checkbox"/> 91.2 Posterior Segment
LENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30.0 ECCE <input type="checkbox"/> 30.2 Phaco <input type="checkbox"/> 30.3 P.P. Lensectomy
IOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36.1 AC IOL <input type="checkbox"/> 36.2 PC IOL
VITRECTOMY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44.0 Vitrectomy, Open Sky <input type="checkbox"/> 44.1 Vitrectomy, Total Pars Plana
WOUND DEHIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19.0 Repair
CORNEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19.2 Transplant <input type="checkbox"/> 19.3 Temporary Keratoprosthesis (TKP)
IRIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22.0 Iridectomy <input type="checkbox"/> 22.2 Iridotomy <input type="checkbox"/> 22.1 Iridoplasty
IOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 26.0 Glaucoma Procedure
ANTIBIOTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45.0 Vitreous <input type="checkbox"/> 45.1 AC
RD PROPHYLAXIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53.0 Cryopexy <input type="checkbox"/> 53.1 Laser <input type="checkbox"/> 53.2 Buckle
RD REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 53.01 Cryopexy <input type="checkbox"/> 53.11 Laser <input type="checkbox"/> 53.5 Buckle <input type="checkbox"/> 53.3 Vitrectomy <input type="checkbox"/> 53.4 Gas <input type="checkbox"/> 53.7 Air <input type="checkbox"/> 53.6 Silicone Oil <input type="checkbox"/> 53.8 Pneumatic Retinopexy
EXTRAOCULAR MUSCLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60.0 Repair
ORBIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70.0 Fracture Repair <input type="checkbox"/> 71.0 F.B. Removal
ENVIS/ENUC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 93.0 Evisceration <input type="checkbox"/> 94.0 Enucleation
ENOPHTHALMOS REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 96.0 Enophthalmos Repair
MISC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 97.0 None <input type="checkbox"/> 98.0 Unknown <input type="checkbox"/> 99.0 Other or Comments (<i>use space below</i>) _____ _____ _____