Medical History Summary for participants who are unable/unwilling to return for OHTS examination

idnum OHTS clinic enters Patient ID: ☐☐ ☐☐☐☐☐

hxdate Date of patient's last visit: ☐☐ / ☐☐ / ☐☐
mm dd yy

Module: Ocular Status to be completed by Clinic Personnel

Completed by: ☐ Clinician

hx_osmodby 1

	OD	OS
1. Do you believe the patient has glaucoma? hx_glaucomaod hx_glaucomaos	1☐ Yes 2☐ No 3☐ Uncertain	1☐ Yes 2☐ No 3☐ Uncertain
2. Does the patient have optic disc cupping consistent with glaucoma? hx_cupod hx_cupos	1☐ Yes 2☐ No 3☐ Uncertain	1☐ Yes 2☐ No 3☐ Uncertain
Describe:	hx_cupodft	hx_cuposft
3. Does the patient have visual field loss consistent with glaucoma? hx_vfod hx_vfos	1☐ Yes 2☐ No 3☐ Uncertain	1☐ Yes 2☐ No 3☐ Uncertain
Describe:	hx_vfodft	hx_vfosft
4. Does the patient have OCT changes consistent with glaucoma? hx_octod hx_octos	1☐ Yes 2☐ No 3☐ Uncertain	1☐ Yes 2☐ No 3☐ Uncertain
Describe:	hx_octodft	hx_octosft

5. Does the patient have other diseases that could cause optic nerve damage or visual field loss?

	OD	OS	
hx_neurood a) Ischemic optic neuropathy……	1☐ Yes 2☐ No 3☐ Uncertain	1☐ Yes 2☐ No 3☐ Uncertain	hx_neuroos
hx_occod b) Branch or central retinal vein occlusion…..	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_occos
hx_macodc) Macular degeneration……	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_macos
hx_cataractod d) Cataract……..……	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_cataractos
hx_retinood e) Diabetic retinopathy……..……	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_retinoos
hx_otherod f) Other (Describe)……	☐ Yes	☐ Yes	hx_otheros
hx_stroke g) Stroke……..……..	☐ Yes ☐ No ☐ Uncertain		

Describe Other hx_otherodft hx_otherosft

hx_iop 6. Is there an IOP measurement recorded in their ocular history? 1☐ Yes 2☐ No

hx_iopdate 6a. If yes, enter date of most recent IOP: ☐☐ / ☐☐ / ☐☐
mm dd yy

If multiple IOP measurements were done on the same day, please average

6b. Most recent IOP **OD**: ☐ hx_iopod

Most recent IOP **OS**: ☐ hx_iopos

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MODULE: Current Medications

Completed by: 1 Clinician

hx_osmodby

1. **At the patient's last visit at your office, were they taking any of the following categories of medication?**

			1	2	3
hx_betab	a.	Systemic Beta-blocker.....	☐ Yes	☐ No	☐ Uncertain
hx_calcium	b.	Calcium Channel Blocker……	☐ Yes	☐ No	☐ Uncertain
hx_statin	c.	Statin……..	☐ Yes	☐ No	☐ Uncertain
hx_antid	d.	Anti-Depressant……	☐ Yes	☐ No	☐ Uncertain
hx_ocularcort	e.	Ocular Corticosteroid……..	☐ Yes	☐ No	☐ Uncertain
hx_systemic	f.	Systemic Corticosteroid……...	☐ Yes	☐ No	☐ Uncertain
hx_estprog	g.	Nasal Steroid……..…	☐ Yes	☐ No	☐ Uncertain
hx_nsteroid	h.	Bronchial Inhaled Steroid……..…..	☐ Yes	☐ No	☐ Uncertain
hx_bsteroid	i.	Estrogen or Progesterone for hormone replacement therapy……	☐ Yes	☐ No	☐ Uncertain
hx_aceinh	j.	ACE Inhibitors……	☐ Yes	☐ No	☐ Uncertain
hx_lubdrops	k.	Lubricating eye drops, ointments or gels.....	☐ Yes	☐ No	☐ Uncertain

Current Medications Comments:
hx_cmft

Examples:
Systemic beta blockers: acebutolol (Sectral), atenolol (Tenormin), bisoprolol (Zebeta), metoprolol (Lopressor, Lopressor LA, Toprol XL), nadolol (Corgard), labetalol hydrochloride (Trandate, Normodyne), timolol maleate (Blocadren) and.propranolol (Inderal).
Calcium channel blockers: Norvasc (amlodipine), Plendil (felodipine), DynaCirc (isradipine), Cardene (nicardipine), Procardia XL, Adalat (nifedipine), Cardizem, Dilacor, Tiazac, Diltia XL (diltiazem), Sular (Nisoldipine), Isoptin, Calan, Verelan, Covera-HS (verapamil).
Statins: atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor, Altocor), pravastatin (Pravachol), rosuvastatin (Crestor), simvastatin (Zocor), and pitavastatin (Livalo).
Anti-depressants: Mirtazapine (Remeron), Escitalopram (Lexapro), Venlafaxine (Effexor), Sertraline (Zoloft), Citalopram (Celexa), Buproprion (Wellbutrin), Paroxetine (Paxil), Milnacipran (Savella) , Fluoxetine (Prozac), Duloxetine (Cymbalta), Fluvoxamine (Luvox), Reboxetine (Vestra).
Ocular Steroids: Rimexolone ophthalmic (Vexol), Dexamethasone ophthalmic (Decadron Maxidex), Difluprednate ophthalmic (Durezol), Fluorometholone ophthalmic (Flarex, Fluor-Op , FML , FML Liquifilm , FML Forte), Loteprednol etabonate ophthalmic (Alrex, Lotemax), and Prednisolone acetate ophthalmic (Omnipred, Pred Forte, Pred Mild).
Systemic steroids:prednisone (Prednisone Intensol), dexamethasone (Dexamethasone Intensol, DexPak), hydrocortisone (Cortef), triamcinolone(Aristospan Intra-Articular, Aristospan Intralesional), and Methylprednisone(Medrol).
Nasal steroids: flunisolide nasal spray (Nasarel), budesonide nasal spray (Rhionocort), fluticasone propionate nasal spray (Flonase), mometasone nasal spray (Nasonex), and triamcinolone nasal spray (Nasacort AQ).
Inhaled steroids: Aerespan, Alvesco, Asmanex, Flovent, Pulicort and Qvar.
Estrogen and Progesterone horomone therapy: Estradiol , Divigel, Elestrin, Esclim, Estrace, Estraderm, Estrasorb,Estring, Estrogel,Evamist, Alora, Promentrium, Provera, Activella, Angeliq, Climara Pro, Prefest, and Prempro.
Ace Inhibitors : benazepril (Lotensin), captopril (Capoten), enalapril (Vasotec, Epaned), fosinopril (Monopril), lisinopril (Prinivil, Zestril), moexipril (Univasc), perindopril (Aceon), quinapril (Accupril), ramipril (Altace**),** and trandolapril (Mavik).

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MODULE: Ocular Treatment

Completed by: 1 Clinician

hx_otcompby

1. Did the patient ever have any of the following eye disease or eye surgery?

If yes, check appropriate boxes:

		OD	OS	
a.	Cataract surgery ……	hx_escataod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_escataos
b.	YAG capsulotomy ……	hx_esyagod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esyagos
c.	Treatment for Macular Degeneration (vitamins, laser, injections)	hx_esmdod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esmdos
d.	Treatment for diabetic retinopathy (laser, injections)	hx_esdrod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esdros
e.	Laser trabeculoplasty/SLT……	hx_estrabod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_estrabos
f.	Laser iridotomy……	hx_esiridod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esiridos
g.	Filtering surgery……	hx_esfiltod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esfiltos
h.	Seton surgery (tube shunt)……	hx_essetonod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_essetonos
i.	Combined cataract/filtering surgery	hx_escombod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_escombos
j.	Penetrating keratoplasty/DSEK/DMEK	hx_espkerod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_espkeros
k.	Retinal detachment repair……	hx_esretdod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esretdos
l.	Retinal tear……	hx_esrettearod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esrettearos
m.	Refractive surgery (e.g. LASIK)……	hx_esprsod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_esprsos
n.	Lid surgery (describe in comment)… hx_lidotherod	hx_eslidod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_eslidos hx_lidotheros
o.	Treatment for dry eyes, Blepharitis, or Trichiasis	hx_dryod ☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_dryos
p.	Other (describe):…… hx_esothrod	hx_esotherod ☐ Yes	☐ Yes	hx_esotheros hx_esothros

Ocular Treatment Comments:

hx_otft

Medical History Summary for participants who are unable/unwilling to return for OHTS examination

idnum OHTS clinic enters: Patient ID: ☐☐ ☐☐☐☐☐

MODULE: Ocular Hypotensive Medications

Completed by: 1 ☐ Clinician

hx_ohmcompby

1. At the patients last visit at your office were they taking eyedrops to reduce IOP..... 1 ☐ Yes 2 ☐ No

hx_drops

1A. If yes (Q1), estimate the number of months they took eyedrops to lower pressure under your care. hx_dropsest ☐☐☐

2. If yes (Q1), which ocular medications (eyedrops) were prescribed to lower the pressure?

		OD	OS	
a. Prostaglandin Analogue	hx_prostod	1 ☐ Yes 2 ☐ No 3 ☐ Uncertain	1 ☐ Yes 2 ☐ No 3 ☐ Uncertain	hx_prostos
b. Beta-Blockers	hx_blockersod	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_blockersos
c. Alpha 2 Agonist	hx_alphaod	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_alphaos
d. Topical Carbonic Anhydrase Inhibitor	hx_inhibod	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_inhibos
e. Miotics	hx_mioticsod	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_mioticsos
f. Epinephrine/Dipivefrin	hx_epineod	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_epineos
g. Combination Medications	hx_combood	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_comboos
h. Other	hx_otherdropod	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	hx_otherdropos
Describe Other Ocular Hypotensive Medication		hx_otherdropsod	hx_otherdropsos	

Ocular Hypotensive Medications Comments:

hx_ohmft

Examples:
Prostaglandin Analogues: latanaprost(Xalatan), bimatoprost(Lumigan), travoprost(Travatan.), and tafluprost (Zioptan).
Beta-blockers: betaxolol (Betoptic), carteolol (Ocupress), levobunolol (AK-Beta, Betagan), metipranolol (OptiPranolol), and timolol (Betimol, Istalol, Timoptic).
Alpha 2-Agonist : apraclonidine (Iopidine), brimonidine (Alphagan).
TCAI: Dorzolamide (Trusopt), Brinzolamide (Azopt)
Miotics: Pilocarpine (Isopto Carpine), Carbachol (Isopto Carbachol), Pilocarpine HCL Gel (Pilopine HS Gel).
Epinephrine/Dipivefrin : Propine
Combination medications: Combigan (Brimonidine Tartrate & Timolol Maleate) , Cosopt (Dorzolomide HCl & Timolol Maleate), and Simbrinza (Brinzolamide/Brimonidine tartrate ophthalmic suspension).

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MODULE: Medical History

Completed by: 1 ☐ Clinician

hx_mhcompby

1. Did patient ever have any of the following conditions?

		1	2	3
hx_cardio	1. Cardiovascular disease	☐ Yes	☐ No	☐ Uncertain
hx_hpb	2. High blood pressure (hypertension)	☐ Yes	☐ No	☐ Uncertain
hx_lpb	3. Low blood pressure (hypotension)	☐ Yes	☐ No	☐ Uncertain
hx_cad	4. Coronary artery disease	☐ Yes	☐ No	☐ Uncertain
hx_chf	5. Congestive heart failure	☐ Yes	☐ No	☐ Uncertain
hx_ihd	6. Implantable heart devices	☐ Yes	☐ No	☐ Uncertain
hx_irrhb	7. Irregular heartbeat	☐ Yes	☐ No	☐ Uncertain
hx_rf	8. Rheumatic fever	☐ Yes	☐ No	☐ Uncertain
hx_lipids	9. High Cholesterol/lipids	☐ Yes	☐ No	☐ Uncertain
hx_hattack	10. Heart attack	☐ Yes	☐ No	☐ Uncertain
hx_stroke1	11. Stroke	☐ Yes	☐ No	☐ Uncertain
hx_seizure	12. Seizures	☐ Yes	☐ No	☐ Uncertain
hx_diabetes	13. Diabetes, or sugar in the blood	☐ Yes	☐ No	☐ Uncertain
hx_cld	14. Chronic lung disease	☐ Yes	☐ No	☐ Uncertain
hx_asthma	15. Asthma	☐ Yes	☐ No	☐ Uncertain
hx_copd	16. C.O.P.D.	☐ Yes	☐ No	☐ Uncertain
hx_tuber	17. Tuberculosis	☐ Yes	☐ No	☐ Uncertain
hx_cancer	18. Cancer	☐ Yes	☐ No	☐ Uncertain
hx_headache	19. Migraine headaches	☐ Yes	☐ No	☐ Uncertain
hx_depression	20. Depression, Anxiety, or other mental health problems	☐ Yes	☐ No	☐ Uncertain
hx_thyroid	21. Thyroid disease	☐ Yes	☐ No	☐ Uncertain
hx_anemia	22. Anemia	☐ Yes	☐ No	☐ Uncertain
hx_liver	23. Liver disease including Hepatitis	☐ Yes	☐ No	☐ Uncertain
hx_kidney	24. Kidney disease	☐ Yes	☐ No	☐ Uncertain
hx_reflux	25. Reflux (G.E.R.D.)	☐ Yes	☐ No	☐ Uncertain
hx_genit	26. Genitourinary problems	☐ Yes	☐ No	☐ Uncertain
hx_arthritis	27. Arthritis	☐ Yes	☐ No	☐ Uncertain
hx_sleep	28. Sleep Apnea	☐ Yes	☐ No	☐ Uncertain
hx_parkin	29. Parkinson disease	☐ Yes	☐ No	☐ Uncertain
hx_alzheimer	30. Dementia/Alzheimer's	☐ Yes	☐ No	☐ Uncertain
hx_raynaud	31. Raynaud's Disease	☐ Yes	☐ No	☐ Uncertain
hx_other1	32. Other conditions	☐ Yes	☐ No	☐ Uncertain

Describe other conditions _____ hx_other1ft

Medical History Comments:

hx_mhft

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idnum OHTS clinic enters: Patient ID: | | | | | | | | |

MODULE: Snellen V.A.

Completed by: ☐ Clinician

1. Snellen visual acuity hx_vaod OD | | / | | | | hx_orod Or choose ○ CF ○ HM ○ LP ○ NLP
   cf hm lp nlp
2. Snellen visual acuity OS hx_vaos | | / | | | | ○ CF ○ HM ○ LP ○ NLP hx_oros

Snellen VA Comments:
hx_vaft

MODULE: Gonioscopy

1. Gonioscopy OD hx_goniod
   1 Open angles
   2 Narrow angles (Angle slit or Grade 1 in more than 25% of the circumference)
   3 Appositional (Angle closure over more than 25% of the circumference)
   4 Closure (PAS over more than 25% of the circumference)
2. Gonioscopy OS hx_gonios
   1 Open angles
   2 Narrow angles (Angle slit or Grade 1 in more than 25% of the circumference)
   3 Appositional (Angle closure over more than 25% of the circumference)
   4 Closure (PAS over more than 25% of the circumference)

Gonioscopy Comments:
hx_gonift

Doctor Name: _____ hx_drname

Doctors Address: _____ hx_draddress

_____

Date Completed: | | / | | / | | Thank You!
hx_date mm dd yy