Outside Visit Form

ID. No.: __ __ - __ __ __ Alpha Code: __ __ __ __

Clinic #: __ __ Week: __ __ __

NOTE: *This form should be completed when a patient is unable or unwilling to return to the CATT clinic for a scheduled visit but is willing to allow release of this information from another ophthalmologist. This form should be filled out as completely as possible from history notes or a summary of the patient's visit provided by the outside ophthalmologist.*

1. Outside visit date:

   __ __ / __ __ / 20 __ __
   Month Day Year

2. Has the patient had any treatment for AMD in the STUDY eye since the previous CATT visit? (Check "Unknown", "None" or all that apply.)

   a. Unknown ( )1
   b. None ( )1
   c. Lucentis™ ( )1
   d. Avastin® ( )1
   e. PDT ( )1
   f. Triamcinolone ( )1
   g. Macugen ( )1
   h. VEGF trap ( )1
   i. Thermal laser ( )1
   j. Other, specify below:

      1. _____ ( )1

3. Has the patient had any ocular procedures to the STUDY EYE since the previous CATT visit? (Check "Unknown", "None" or all that apply.)

   a. Unknown ( )1
   b. None ( )1
   c. Lensectomy ( )1
   d. Capsulotomy ( )1
   e. IOL implant ( )1
   f. Other, specify below:

      1. _____ ( )1

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4. Snellen equivalent of the STUDY eye Check if unknown: ☐

   __ __ / __ __ __ __

5. Date of visual acuity testing: Check if unknown: ☐

   __ __ / __ __ / 20 __ __
   Month Day Year

6. Are color photographs of the STUDY eye available?

   a. No ( )0
   b. Yes ( )1 → 6A. Date color photographs were taken:

   __ __ / __ __ / 20 __ __
   Month Day Year

   Submit photographs to the Fundus Photograph Reading Center

7. Is an angiogram available?

   a. No ( )0
   b. Yes ( )1 → 7A. Date angiogram was taken:

   __ __ / __ __ / 2 0 __ __
   Month Day Year

   Submit angiogram to the Fundus Photograph Reading Center

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8. Is an OCT available?

   a. No ( )0
   b. Yes ( )1 → 8A. Date OCT was taken:

   __ __ / __ __ / 2 0 __ __
   Month Day Year

   Submit OCT to the OCT Reading Center

9. Was a letter received from the outside ophthalmologist summarizing the examination findings?

   a. No ( )0
   b. Yes ( )1 → **Do not send the letter to the Coordinating Center. Please attach the letter to the copy of this form to be kept at the Clinic.**

10. Initials and certification number of person who completed this form:

    a. Initials: ___ ___ ___

    b. Certification #: ___ ___ ___ ___

11. Date form was completed:

    __ __ /__ __ / 2 0 __ __
    Month Day Year