



The Australian and New Zealand Registry of Advanced Glaucoma needs assistance from ophthalmologists, other eye health professionals and low vision services in Australia and New Zealand to recruit suitable candidates based on clinical evaluation. Suitability for inclusion into the registry is listed over page.

Note: All participants will be asked to provide a DNA sample (blood or saliva) to assist in the search for new genes related to glaucoma. This will be coordinated by staff at the Australian and New Zealand Registry of Advanced Glaucoma.

REFERRAL FORM				
PARTICIPANT DETAILS		<i>*Please tick if aware they will be contacted</i> <input type="checkbox"/>		
REFERRAL COMMENTS:				
Surname:		First Name:		
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Identifies As:		
Address: (for postage of DNA collection kit)		State: Postcode: Country:		
Phone Number/s:		Email/s:		
REFERRAL SOURCE (REQUIRED)				
Eye Practitioner:		GP:		
Address:		Address:		
State: Postcode:		State: Postcode:		
Phone: Fax:		Phone: Fax:		
Email:		Email:		
Family History of Glaucoma? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If Yes, please indicate all known relationships:		Cultural Background: <i>e.g. Greek, Italian</i> Ethnicity: (tick all that applies): <input type="checkbox"/> Indigenous Australians <input type="checkbox"/> African <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Polynesian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Asian <input type="checkbox"/> Melanesian <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown <input type="checkbox"/> Other:		
Is there a family member enrolled in ANZRAG? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, enter name of ANZRAG participant & the relationship):				
Medical History (tick relevant boxes): Raynaud's: <input type="checkbox"/> Y <input type="checkbox"/> N Diabetes: <input type="checkbox"/> Y <input type="checkbox"/> N Sleep Apnea: <input type="checkbox"/> Y <input type="checkbox"/> N Migraine: <input type="checkbox"/> Y <input type="checkbox"/> N Cardiac Disease: <input type="checkbox"/> Y <input type="checkbox"/> N (Previous Treatment):				
Select all relevant diagnoses. (criteria over page) *Tick box if participant has no signs of any glaucoma: <input type="checkbox"/>	GLAUCOMA STATUS: <input type="checkbox"/> GLAUCOMA <input type="checkbox"/> SUSPECT <input type="checkbox"/> NO GLAUCOMA <input type="checkbox"/> JOAG (JUVENILE) <input type="checkbox"/> APHAKIC GLAUCOMA <input type="checkbox"/> PCG (CONGENITAL)	ANGLE CLOSURE STATUS: RE <input type="checkbox"/> LE <input type="checkbox"/> <input type="checkbox"/> Narrow Angles or Angle Closure Suspect (PACS) <input type="checkbox"/> Chronic (PAC) <i>If also glaucoma (PACG), tick the GLAUCOMA box.</i> <input type="checkbox"/> Acute Angle Closure (AAC) <i>If also glaucoma (AACG), tick the GLAUCOMA box.</i> NANOPHTHALMOS RE <input type="checkbox"/> LE <input type="checkbox"/>	SECONDARY GLAUCOMA: PXF RE <input type="checkbox"/> LE <input type="checkbox"/> PDS RE <input type="checkbox"/> LE <input type="checkbox"/> <input type="checkbox"/> STEROID RESPONDER <input type="checkbox"/> TRAUMA <input type="checkbox"/> UVEITIS/INFLAMMATORY <input type="checkbox"/> RUBEOTIC <input type="checkbox"/> ANTERIOR SEGMENT DYSGENESIS ASD Ocular Features: _____	OTHER: ASSOCIATED SYSTEMIC FEATURES (AXENFELD-RIEGER SYNDROME): _____ _____ <input type="checkbox"/> OPTIC DISC DRUSEN <input type="checkbox"/> IRIDOCORNEAL ENDOTHELIAL SYNDROME
	OFFICE USE ONLY:	Date Request Received:	Date Kit Posted:	Date Sample Received:	Copy Consent: ☐ PIS: ☐

PATIENT CLINICAL DETAILS (IF KNOWN)

DOES PARTICIPANT HAVE ADVANCED GLAUCOMA? (*See criteria below): No Yes

AGE at Diagnosis:	.....
	RE	LE
Highest IOP (mmHg):	..... at diagnosis Y <input type="checkbox"/> N <input type="checkbox"/> at diagnosis Y <input type="checkbox"/> N <input type="checkbox"/>
BCVA:	.....	.....
Refraction: (spherical equivalent) (pre cataract extraction)	...../.....X..... (SE: .....) )	...../.....X.....(SE:))
Central Corneal Thickness (μ m): <input type="checkbox"/> Corneal Decompensation <input type="checkbox"/> Corneal Decompensation
Vertical Cup Disc Ratio:	.....	.....
Mean Deviation (dB): (recent reliable field) (CFL is 2/4 central squares on PSD)	..... Central Field Loss: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	..... Central Field Loss: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Disc Haemorrhage:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Recurrent <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Recurrent <input type="checkbox"/> Unknown
Axial Length (mm):	.....	.....
SELECT FOR EACH EYE CONDITION:		
DRY Macular Degeneration:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
WET Macular Degeneration	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
LENS Status:	<input type="checkbox"/> Phakic <input type="checkbox"/> IOL/Pseudophakic	<input type="checkbox"/> Phakic <input type="checkbox"/> IOL/Pseudophakic
Lens Dislocation: (tick all that apply)	<input type="checkbox"/> Zonules/Wobbly Lens <input type="checkbox"/> Long Anterior Zonules <input type="checkbox"/> Subluxation <input type="checkbox"/> Dislocated Lens	<input type="checkbox"/> Zonules/Wobbly Lens <input type="checkbox"/> Long Anterior Zonules <input type="checkbox"/> Subluxation <input type="checkbox"/> Dislocated Lens
GLAUCOMA TREATMENT:		
Eye Drops (current):	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please list below) <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please list below) <input type="checkbox"/> Unknown
Laser: (Tick all that apply)	<input type="checkbox"/> PI <input type="checkbox"/> SLT/ALT	<input type="checkbox"/> PI <input type="checkbox"/> SLT/ALT
Glaucoma Surgery: (Tick all that apply)	MIGS/Stent <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	MIGS/Stent <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
	XEN <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	XEN <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
	PreserFlo <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	PreserFlo <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
	Tube <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Tube <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
	Trab <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Trab <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Retinal Detachment Surgery:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

***INCLUSION CRITERIA**

ADVANCED GLAUCOMA

Visual Field Loss related to glaucoma with 2 out of the 4 central squares having a Pattern Standard Deviation (PSD) < 0.5% on a Humphrey 24-2 field (*i.e* fixation involved)
OR
 Mean Deviation (MD) > -15 dB
OR
 In absence of field testing, loss of central acuity related to glaucoma.

- **NON-ADVANCED GLAUCOMA** (participants with definite glaucoma, not fitting the advanced criteria).
- **GLAUCOMA SUSPECTS** (IOP \geq 22 mmHg or on treatment).

ANY ADDITIONAL INFO:

Other categories currently recruiting, **INDEPENDENT** of glaucoma:

- Pseudoexfoliation (PXF)
- Pigment Dispersion Syndrome (PDS)
- Anterior Segment Dysgenesis (ASD)
- Nanophthalmos
- Steroid Responder
- Iridocorneal Endothelial (ICE)
- Optic Disc Drusen (ODD)
- Participants *without any signs of glaucoma* present

Not Excluded: Trauma