

# American Board of Ophthalmology Office Record Review Module

## Diagnosis/Case: Macular Degeneration

**Module Definition:** A new patient 50 years or older who presents with age-related macular degeneration seen by you at least once within the past 12 months.

History (Positive or Negative Findings)			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Reason for visit/chief complaint
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Ocular history/ symptoms
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Smoking history or exposure to second-hand smoke
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Counseling on smoking cessation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Systemic disorders
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Current ocular medications
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Systemic medications
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Current vitamin and mineral supplements
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Drug reactions/allergies

Examination and Diagnostic Procedures			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Macular biomicroscopy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Visual acuity
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Patient refraction
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Presence or absence of afferent pupillary defect
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Amsler grid findings
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Intraocular pressure (IOP)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Slit-lamp examination of anterior segment (both eyes)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Fundus examination with indirect ophthalmoscope (both eyes)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Ancillary testing, such as Fluorescein angiography or Optical Coherence Tomography [OCT], when indicated

Assessment and Management			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Current diagnosis

<input type="radio"/>	<input type="radio"/>		2. Current management plan
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Low vision/rehab/Social Services referral
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Amsler grid testing (ipsilateral)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Amsler grid testing (contralateral)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Type, size and location of lesion identified
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Treatment (such as photodynamic therapy, laser photocoagulation, intravitreal pharmacologic agent) given
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Blood pressure management
<input type="radio"/>	<input type="radio"/>		9. Counseling on antioxidant supplements within last 12 months

Follow-Up Intervals			
Recorded	Not Recorded	Not Applicable	Item
			If treatment was performed:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Follow-up appointment scheduled
			If treatment was not performed:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Patient instructed to report immediately any change suspicious for "wet" AMD (such as blurred vision or metamorphopsia)

Safety and Environment			
Recorded	Not Recorded	Not Applicable	Item
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Risks and benefits of fluorescein angiography discussed with patient
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Universal protocol if treatment performed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Injection protocol, if intravitreal drug delivery given
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Reporting of any adverse events