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Division of Human Genetics
Level 3, Wernher and Beit North
Institute of Infectious Disease and Molecular Medicine
Faculty of Health Sciences
University of Cape Town
Observatory, 7925
South Africa

CONFIRMATION OF DIAGNOSIS

To be completed by the eye specialist – PLEASE PRINT CLEARLY

Name of Patient:

Date of Birth: Y Y Y Y - M M - D D **Tel/Cell** **Fax** ( )

Address:

Gender: M F **Ethnic Group** Asian Black Coloured Indian White

In my opinion the patient has one of the following conditions:

RETINITIS PIGMENTOSA	Diffuse Form	
	Sectoral (regional) form	
USHER SYNDROME ***(RP & congenital hearing loss)***	Type I – profound deafness	
	Type II – severe deafness	
MACULAR DEGENERATION	Age-related MD - Wet	
	- Dry	
	Best Disease	
	Cone & Rod Dystrophy	
	Sorsby Fundus Dystrophy	
	Pattern Dystrophy	
	Stargardt Disease	
	Fundus Flavimaculatus	

Other retinal disorder (specify):

MODE OF INHERITANCE

Dominant **Recessive** **X-Linked** **Isolated Case** **Unknown but familial**

Age of onset: **years**

Progression of disease:

Other clinical features:

Tests performed: **ERG** **Visual Acuity** **Visual Fields** **OCT**

Fluorescein Angiogram **Colour Fundus Photographs**

Other family members affected:

Name of Doctor: **Signature:**

Date: Y Y Y Y – M M – D D **Tel.** ( ) **Fax** ( )

PLEASE RETURN THE COMPLETED FORM TO:
Dr Lisa Roberts (lisa.roberts@uct.ac.za / fax: 021 650-2010)