

New Retinoblastoma Patients With Previous Treatment

Please read over carefully and fill out completely. Incomplete forms may delay treatment.

Provide in **English** the following additional information so that we can better prepare for your upcoming visit:

Child's Name: _____ Gender (circle one): Male / Female Date of Birth (month/day/year): _____

Mother's Name and Contact # and Email: _____

Father's Name and Contact # and Email: _____

Treating Physician's Name/Phone/Email/Hospital: _____

What was the reason you first brought your child to see the eye doctor?: _____

What was seen first in patient's eyes? (and by whom): _____

When was your child diagnosed with retinoblastoma?: _____

What treatment has been done so far? (Please state dates, which chemotherapy drugs were used, and the doses). *Bring all photos taken/fundus drawings so we can compare treatment response:*

Does the child have a central line or portacath? (yes/no): _____

At how many weeks was your child born?: _____ What was your child's birth weight? (lbs/oz): _____

Any complications at birth? (yes/no) *Please explain:* _____

Vaginal Birth or Cesarean Section?: _____ In Vitro Fertilization or Fertility Treatment? (yes/no): _____

Are there any other siblings in the family? (Please include half siblings): _____

Is there a family history of retinoblastoma or other eye disorders? (Mother, father, grandparents): _____

Does your child have any medicine or food allergies? *Please describe:* _____

Any other medical issues that your child has been diagnosed with?: _____

Is your child currently taking any other medications?: _____

Has your child had an MRI or CT scan done? (yes/no) *If yes, please bring CD of images with you:* _____ Date of scan: _____

The following information, if applicable, is required for an appointment. This information may be returned via e-mail: registration@shields.md or via fax: 215-928-1140. ALL submitted medical information **MUST be translated into **ENGLISH** and received by us before patient's first appointment.**

- ❖ Physician Medical Summary, should include: Patient history, and a physical assessment dated within the last 30 days to detail the patient's current condition
- ❖ Laboratory reports
- ❖ Surgical reports
- ❖ Pathology reports
- ❖ Radiology reports
- ❖ Chemotherapy administration records
- ❖ Radiation therapy records
- ❖ Genetic testing results
- ❖ Images; specifically fundus photos

Please bring ALL doctor reports, images, MRI or CT scan films or CD with you to your visit. Bring ALL fundus photos taken.

If you decide to be treated here on the Wills Eye Oncology Service, you will be given access to a new patient package which will include and history and physical form. This must be filled out by pediatrician/pediatric oncologist and brought to the office visit. It must be done within 2 weeks of appointment. If you come without it, treatment may be delayed.

Thank You,
The Ocular Oncology Service

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