

Retina Consultants of Carolina, PA

Confidential Patient History – Uveitis Addendum

Patient Name \_\_\_\_\_ Appointment Date \_\_\_\_\_

***Uveitis, or inflammation of the eye, may be associated with a wide variety of conditions. Please answer the following as completely as possible.***

**OCULAR HISTORY**

How long have you had uveitis? \_\_\_\_\_

How old were you when it was diagnosed? \_\_\_\_\_ By what doctor? \_\_\_\_\_

Does anyone else in your family have a similar eye problem? \_\_\_\_\_

***Disease Pattern:*** Check the description that applies best to your eye problem:

***Duration:***

- \_\_\_\_\_ This is the 1<sup>st</sup> episode of problem and it has lasted less than 6 weeks
- \_\_\_\_\_ Problem present all the time---longer than 6 weeks (How long? \_\_\_\_\_)
- \_\_\_\_\_ Problem comes and goes (How many episodes per year? \_\_\_\_\_)
- \_\_\_\_\_ Other \_\_\_\_\_

***Unilateral/Bilateral:***

- \_\_\_\_\_ Only one eye ever affected (Circle one: Right / Left)
- \_\_\_\_\_ Both eyes have been affected, but only one at a time
- \_\_\_\_\_ Both eyes may be affected at same time

***Symptoms:*** (Please check the appropriate column)

RIGHT EYE		LEFT EYE
	Pain	
	Sensitivity to Light	
	Eye Redness	
	Floaters	
	Blurred Vision	

Name any tasks you are unable to do because of blurred vision: \_\_\_\_\_

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Have you ever been treated with any of the following? (Please check all that apply)

Steroids: \_\_\_ Pills (e.g., Prednisone) \_\_\_ Eye Drops (e.g., Pred Forte, Durezol)  
 \_\_\_ Injections in or around eye \_\_\_ Intravenous

	Yes	No		Yes	No
Cyclophosphamide (Cytoxan)			Cyclosporine A (Sandimmune)		
Humira			Azathioprine (Imuran)		
Methotrexate			Cellcept		

List any medication side effects you have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SOCIAL HISTORY

Birthplace: \_\_\_\_\_

Other places you have lived: \_\_\_\_\_

Places outside the United States you have traveled: \_\_\_\_\_

	Yes	No
Have you ever owned a dog?		
Have you ever owned a cat?		
Have you been exposed to sick animals?		
Have you had tick bites, or severe insect bites?		
Do you drink untreated stream, well or lake water, or have you gone hunting or camping?		
Have you ever eaten raw meat?		
Have you ever had unpasteurized milk or cheese?		
Do you smoke cigarettes?		
Have you ever had a blood transfusion?		
Have you ever used recreational intravenous drugs?		
Have you ever had a bisexual or homosexual relationship?		
<i>For Women:</i> Are you pregnant or breastfeeding?		
Do you plan to become pregnant in the near future?		



(For Office Use Only)

**UVEITIS LAB RESULTS**

<b>BLOOD TESTS</b>	<b>Date/Result</b>
CBC	
Differential	
ESR	
C-Reactive Protein	
CMP	
ACE	
Lysozyme	
QuantiFERON Gold	
Treponemal antibody	
RPR	
FTA-ABS	
HSV 1 / 2 IgG/IgM	
VZV IgG/IgM	
CMV IgG/IgM	
Anti-HIV Ab	
Toxoplasma IgG/IgM	
Toxocara titer IgG/IgM	
Bartonella IgG/IgM	
Lyme titer IgG/IgM	
Lyme Western Blot	
Rheumatoid Factor	
ANA	
Anti-CCP	
c-ANCA (GPA)	
p-ANCA	
PR3/MPO	
Anti-cardiolipin Ab	
SSA (Anti-Ro)	
SSB (Anti-La)	
HLA-A29 (Birdshot)	
HLA-B27	
HLA-B51 (Behcet's)	
HLA-DR, DQ Class II (TINU)	
HLA-DR4, (VKH)	
DRw52, DRw53	
Protein C	
Protein S	
SPEP	

**PT NAME**

<b>TESTS</b>	<b>Date/Result</b>
<b>Imaging</b>	
Chest X-Ray – PA & Lateral	
Chest CT	
Sacroiliac joint X-ray	
MRI Brain & Orbits w & w/o contrast	
<b>URINALYSIS</b>	
Routine	
Creatinine Clearance	
Urine B2 microglobulin	
<b>PCR - Aqueous</b>	
HSV	
VZV	
CMV	
Toxoplasmosis	
Bartonella	
<b>PCR - Vitreous</b>	
HSV	
VZV	
CMV	
Toxoplasmosis	
Bartonella	
<b>Cultures - Aqueous</b>	
Routine	
Fungal	
AFB	
<b>Cultures - Vitreous</b>	
Routine	
Fungal	
AFB	
<b>Biopsy</b>	
Conjunctiva	
Vitreous	
Retina	