ACES Pediatric Eye UVEITIS SURVEY

Background: Uveitis is an inflammation of part of the eye which normally has blood vessels. This includes the iris (iritis), ciliary body (cyclitis) and the choroid (chorioretinitis). We may never be possible to identify the exact cause of uveitis in some patients (idiopathic uveitis). However, many case of uveitis are caused by infections or diseases around the eye or from the rest of the body. To help your eyes, and the rest of your health, please fill out this form as carefully as possible.

Patient Name:_____ ACES#_____

Date of first survey:_____/_____/_____ Subsequent Dates (*Different pen color)*

Family History: (*please check diseases from which your relatives have suffered*)

❒ cancer ❒ diabetes ❒ allergies ❒ arthritis ❒ syphilis
❒ tuberculosis ❒ Sickle-cell ❒ Lyme Disease

Major medical problems *your family or relatives* have had with the:

❒ eyes ❒ skin ❒ kidneys ❒ lungs ❒ stomach or bowel❒ nervous system

Social History: (*check all those which apply to you*)

Your age:_____years. Current job:_____

❒ I have lived outside the U.S.? Where:_____
❒ My family has owned a dog?
❒ My family has owned a cat?
❒ I have eaten raw meat or uncooked sausage?
❒ I have been exposed to sick animals?
❒ I have ingested untreated stream, lake or well water?
❒ I have smoked cigarettes? How many years?_____
❒ I regularly consume alcoholic beverages? How many per day?
❒ I have used non-prescribed intravenous drugs?
❒ I have taken birth control pills?
❒ I have had a bisexual or homosexual relationship?

PERSONAL MEDICAL HISTORY

❒ I have allergies to medications? Which ones?:_____
❒ I have recently taken prescription medications? Which ones?
❒ I have recently taken non-prescription medications?: Which ones?
❒ I have recently taken vitamins or nutritional supplements? Which?

Medical History

Please list all eye operations or laser surgery you have had with dates:

_____
_____
_____

Please list all eye injuries you have suffered. Include dates:

_____
_____

Adapted from: Nussenblatt R, Whitcup S, Palestine A: Uveitis Fundamentals and clinical practice, Second edition. St. Louis, Mosby, 1996

Please turn over and complete other page.

••• Uveitis- associated Illnesses: (*Please check all which apply to you*) •••

- ❒ Cancer
- ❒ Diabetes
- ❒ Hepatitis
- ❒ High blood Pressure
- ❒ Anemia
- ❒ Pneumonia
- ❒ Tuberculosis
- ❒ Herpes (Cold sores)
- ❒ Chicken Pox
- ❒ Shingles (zoster)
- ❒ German measles (rubella)
- ❒ Measles (rubeola)
- ❒ Mumps
- ❒ Chlamydia or trachoma
- ❒ Syphilis
- ❒ Any other sexually disease
- ❒ Leprosy
- ❒ Leptospirosis
- ❒ Lyme Disease
- ❒ Histoplasmosis
- ❒ Candidiasis or moniliasis
- ❒ Coccidiomycosis
- ❒ Sporotrichosis
- ❒ Cryptococcal infection
- ❒ Toxoplasmosis
- ❒ Amoeba infection
- ❒ Giardiasis
- ❒ Toxocariasis
- ❒ Cysticercosis
- ❒ Trichinosis
- ❒ Whipple's Disease
- ❒ AIDS
- ❒ Hay Fever
- ❒ Allergies
- ❒ Vasculitis
- ❒ Arthritis
- ❒ Rheumatoid Arthritis
- ❒ Juvenile Rheumatoid Arthritis
- ❒ Lupus
- ❒ Scleroderma
- ❒ Psoriasis
- ❒ Reiter's syndrome
- ❒ Colitis
- ❒ Crohn's Disease
- ❒ Ulcerative colitis
- ❒ Behçet's disease
- ❒ Sarcoidosis
- ❒ Ankylosing spondylitis
- ❒ Erythema nodosum
- ❒ Temporal arteritis
- ❒ Multiple scleritis
- ❒ Serpiginous choroidopathy
- ❒ Fuchs' heterochromic iridocyclitis
- ❒ Vogt-Koyanagi-Harada syndrome

••• Symptoms associated with Uveitis: (*Please check all which apply to you*) •••

- ❒ Chills
- ❒ Fevers (persistent/recurrent)
- ❒ Night Sweats
- ❒ Fatigue
- ❒ Poor appetite
- ❒ Unexplained weight loss
- ❒ Do you feel sick?
- ❒ Frequent / severe headaches
- ❒ Fainting
- ❒ Numbness or Tingling
- ❒ Paralysis or weakness
- ❒ Seizures or convulsions
- ❒ Psychiatric conditions
- ❒ Hard of hearing or deafness
- ❒ Ringing or noises in ears
- ❒ Frequent/severe ear infection
- ❒ Painful or swollen ear lobes
- ❒ Sores in nose or mouth
- ❒ Severe / frequent nosebleeds
- ❒ Frequent sneezing
- ❒ Sinus trouble
- ❒ Persistent hoarseness
- ❒ Tooth or gum infections
- ❒ Skin sores
- ❒ Rashes
- ❒ Sunburn easily
- ❒ White patches of hair or skin
- ❒ Loss of hair
- ❒ Tick or severe insect bites
- ❒ Painfully cold fingers
- ❒ Severe itching
- ❒ Severe or frequent colds
- ❒ Constant coughing
- ❒ Coughing up blood
- ❒ Recent flu or viral infection
- ❒ Wheezing or asthma attacks
- ❒ Difficulty breathing
- ❒ Chest pain
- ❒ Shortness of breath
- ❒ Swelling of legs
- ❒ Frequent or easy bruising
- ❒ Frequent or easy bleeding
- ❒ Had blood transfusions
- ❒ Trouble swallowing
- ❒ Diarrhea
- ❒ Bloody stools
- ❒ Stomach ulcers
- ❒ Jaundice or yellow skin
- ❒ Stiff joints
- ❒ Painful or swollen joints
- ❒ Stiff lower back
- ❒ Back pain sleeping / awakening
- ❒ Muscle aches
- ❒ Kidney problems
- ❒ Bladder trouble
- ❒ Blood in urine
- ❒ Urinary discharge
- ❒ Genital sores or ulcers
- ❒ Prostatitis
- ❒ Testicular pain
- ❒ Are you pregnant?
- ❒ Plan a pregnancy soon?

Thank You!