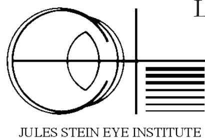
UNIVERSITY OPHTHALMOLOGY ASSOCIATES
JULES STEIN EYE INSTITUTE, UCLA
Los Angeles, CA 90095 (310) 825-3090



Patient Label Here

PATIENT QUESTIONNAIRE

Medications: (Please list all medications, including over-the-counter and herbal preparations that you use.)

Medication Allergies: (Please list all medication to which you are allergic or have had a bad reaction.)

Past Eye History: (Please check any that apply to you.)

	YES	NO	Dates / Comments
Cataracts	☐	☐	
Glaucoma	☐	☐	
Macular Degeneration	☐	☐	
Eye Injury	☐	☐	
Eye surgery or laser	☐	☐	
Other eye problems	☐	☐	

Past Medical History: (Please check any that apply to you.)

	YES	NO	Dates / Comments
Diabetes	☐	☐	
High blood pressure	☐	☐	
Cancer	☐	☐	
Heart attack	☐	☐	
Stroke	☐	☐	
Migraine headaches	☐	☐	
Rheumatological disorder (RA, SLE, Lupus)	☐	☐	
Infectious diease (HIV, Hepatitis, Herpes)	☐	☐	
Thyroid disease	☐	☐	
Other significant medical problem	☐	☐	

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Review of Systems: (Please check any that you currently or recently experienced.)

	YES	NO
Constitutional		
Weight loss	☐	☐
Fever	☐	☐
Eyes		
Blurry vision	☐	☐
ENT		
Ringing in the ears	☐	☐
Cardiovascular		
Chest pain / angina	☐	☐
Respiratory		
Shortness of breath	☐	☐
Gastrointestinal		
Diarrhea	☐	☐
Genitourinary		
Kidney stones	☐	☐
Blood in your urine	☐	☐

	YES	NO
Integumentary		
Rashes	☐	☐
Musculoskeletal		
Arthritis / joint pain	☐	☐
Neurological		
Headaches	☐	☐
Hematologic		
Anemia	☐	☐
Allergic		
Sinus or nasal allergies	☐	☐
Psychiatric		
Nervous or emotional disorder	☐	☐
Endocrine		
Elevated blood sugar	☐	☐
Heat intolerance	☐	☐

Social History

Marital Status (circle one): M S D W

Occupation:

Do you do any of the following?

	YES	NO	Comments
Drive	☐	☐	
Drink alcohol	☐	☐	Amount:
Smoke	☐	☐	Amount:
Use recreational drugs	☐	☐	

Family Medical History (Please check any that apply to your family members)

	YES	NO	Comments
Glaucoma	☐	☐	
Macular Degeneration	☐	☐	
Blindness	☐	☐	
Diabetes	☐	☐	
Other	☐	☐	

Reviewed by physician

Date