

## Uveitis Assessment Form

### Ophthalmology-Rheumatology Communication

To improve communications with you and provide optimal care to our mutual patients, please complete this patient's eye exam summary after each visit. Once completed, please fax it to our office at (\*\*Insert Fax Number\*\*) and also give the patient a copy. Thank you for your assistance.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prior history of uveitis? Yes/No

#### 1. EXAM

	Right Eye	Left Eye
BCVA		
Anterior	Active   Controlled   N/A	Active   Controlled   N/A
Cell Grade (if applicable)		
Intermediate	Active   Controlled   N/A	Active   Controlled   N/A
Posterior	Active   Controlled   N/A	Active   Controlled   N/A
Complications	Yes   No Please describe below	

Comments:

#### 2. TREATMENT:

1. Discharge ophthalmic medication/dosage:

2. This medication regimen is an (circle):    INCREASE    DECREASE    NO CHANGE

3. Additional Treatment Comments:

3. **DISPOSITION:** Follow Up \_\_\_\_\_ days/weeks/mos

Name of Ophthalmologist: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone number:

Fax number: