

University of Iowa Inherited Eye Disease History Form

Today's date:

History taken by:

1. Age of onset:

2. Earliest symptoms:

3. Earliest diagnosis:

4. All previous diagnoses:

5. Does this patient have rod-selective or cone-selective disease (cite specific examples to support your answer)? Do you prefer a room that is too dark or too bright? Do you have difficulty in a movie theatre or similar dim environments? If you get up at night, can you see the general outlines of the furniture under ambient lighting conditions -- do you have night-lights in your bedroom or hallway? Have you ever been disoriented at night during a camping trip (or flashlight tag), or when others can navigate normally? On a sunny day, are you more likely to wear a hat/dark glasses to avoid the bright light than those around you? Is bright light very uncomfortable to you compared to others? How do you feel your color vision is compared to peers?

6. Syndromic features: Deafness, polydactyly, obesity, diabetes, abnormal cognition, developmental delay, seizures, ataxia, dysarthria, other brain abnormalities, hypertension, heart disease, malformation and/or arrhythmias, nocturia, other kidney abnormalities, abnormal dentition, cleft palate, dysmorphic facies, abnormal bruising or bleeding, frequent infections, malabsorption, muscle weakness.

7. Current chronic medications relevant to vision include:

8. Does the patient have any history of cancer or autoimmune disease?

9. Relevant family history:

10. Driving history:

11. Representative refraction:

Date:

Wearing:

OD: Acuity:

OS: Acuity:

12. Color testing (include date and method):