

# Ophthalmology Patient Medical Questionnaire

Memphis Veterinary Specialists and Emergency

Please answer the following questions to the best of your knowledge:

1. What led you to believe your pet had an eye problem? (circle all that are prevalent)
  - a. Loss of vision
  - b. Discharge from eye
  - c. Peculiar eye color
  - d. Veterinarian noted
  - e. Other: \_\_\_\_\_
  
2. How long has the problem been present? \_\_\_\_\_
  
3. Which eye is affected?      LEFT              RIGHT              BOTH
  
4. Has your pet had any previous eye problems? \_\_\_\_\_
  
5. Your pet's vision seems to be: (circle all that apply)
  - a. Excellent
  - b. Poor in dim light or bright light
  - c. Poor in regard to near objects
  - d. Poor in regard to objects far away
  - e. Poor on all occasions
  - f. Not sure
  - g. Other: \_\_\_\_\_
  
6. Has your pet had any past or present illnesses? \_\_\_\_\_  
\_\_\_\_\_
  
7. Please list any medications that your pet is currently taking. (i.e. Prednisone, Rimadyl, Previcox, Metacam, Insulin, eye drops, etc...)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Consent for Treatment

I understand that the estimated costs for medical or surgical treatment of this patient and the actual costs may vary. I, the undersigned, certify that I am the owner or authorized agent of this animal and do authorize the examination, medical, surgical or other treatments as they are explained to me and are deemed necessary.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date