



**vista eye centre**

**Dr. Larissa A. Derzko-Dzulynsky, MD, FRCSC**  
**Dr. Nupura K. Bakshi, MD, FRCSC**  
**Dr. Tiiu Hess, MD, FRCSC**

**FOLLOWUP PATIENT QUESTIONNAIRE:**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last Name First Name D/M/Y

**PLEASE NOTE ANY CHANGES:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Any new eye problems or concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Uveitis patients:  Pain  Redness  Sensitivity to light  Floaters  Light flashes  Blurred vision

Current Eye drops:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Medical History:

\_\_\_\_\_  
\_\_\_\_\_

Medications (pills or injections) and Vitamins:

\_\_\_\_\_  
\_\_\_\_\_