

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_ Sex M F  
 City, State, Zip \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Phone Home: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Work: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Email Address \_\_\_\_\_ Occupation: \_\_\_\_\_

**Medical History**

Primary Physician \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Previous Eye Doctor \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Have you ever had your eyes dilated before? Y N How Long Ago? \_\_\_\_\_

Have you ever worn eyeglasses? Y N Do you still wear them? Y N

Have you ever worn contacts? Y N Do you still wear them? Y N

If yes, what type of contacts? \_\_\_\_\_ Replacement Schedule? \_\_\_\_\_ Disinfection System \_\_\_\_\_

Please list all medications (Rx'd or OTC) that you are currently, or should be taking (This includes orals, topicals, home remedies, as well as eye drops.) \_\_\_\_\_

Are you allergic to any medications or eye drops (list) \_\_\_\_\_

**Review of Systems:**

To ensure a more thorough health exam, please inform us if you have any problems in any of the areas listed below. We realize that this is a lengthy history, but some insurance companies will not cover the visit if these questions are not answered.

	YES	NO		YES	NO
<b>Eyes:</b>			<b>Respiratory</b>		
Blurred Vision - Distance	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Blurred Vision - Near	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Vision (central or peripheral)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Double Vision (distance or near)	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Itch, Burn or Tear (circle either or both)	<input type="checkbox"/>	<input type="checkbox"/>			
Foreign Body Sensation	<input type="checkbox"/>	<input type="checkbox"/>	<b>Neurological</b>		
Eyes Water/Tear Excessively	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Eyes Feel Dry	<input type="checkbox"/>	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	<input type="checkbox"/>
Discharge From Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Pain in/around Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
See Spots/Floaters	<input type="checkbox"/>	<input type="checkbox"/>			
See Light Flashes	<input type="checkbox"/>	<input type="checkbox"/>	<b>Ears, Nose, Mouth, Throat</b>		
Glare/Increased Light Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Congestion	<input type="checkbox"/>	<input type="checkbox"/>
Cataracts/Cataract Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>
Severe Eye Injury/Eye Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Dry Mouth/Throat	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Other _____					
			<b>Gastrointestinal</b>		
<b>Vascular/Cardiovascular:</b>			Crohn's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Increased Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>			



## OCULAR DILATION

Since our office is highly committed to the detection and prevention of both ocular and systemic diseases, we highly recommend that you have your eyes dilated in addition to the general eye examination. Dilation is the use of eye drops which temporarily enlarge your pupils so that we may better examine the internal areas of your eyes. The drops take about 30 minutes to dilate the pupils and then you would be re-examined. The use of these drops allow the doctor to detect many sight, or even life threatening, conditions which otherwise might go undetected.

Some of the above conditions may include glaucoma, macular degeneration, retinal tears or detachments, cataracts, diabetes, hypertension and many others.

Temporary side effects include blurred near vision and increased sensitivity to light for approximately 2 to 6 hours. We will be happy to provide you with complimentary disposable sunglasses to assist you with your vision as the dilation wears off.

For the most comprehensive eye exam...insist on your eyes being dilated!

### *Dilation is strongly recommended if:*

1. This is your first eye examination.
2. You have not had your eyes dilated within the past two years.
3. You have a large amount of nearsightedness or farsightedness.
4. You have a recent onset of "floaters," flashes of light or any other unexplained visual change.
5. You, or a blood relative, suffer from an ocular or systemic health condition such as: diabetes, hypertension, glaucoma, macular degeneration or others.
6. You have recently suffered an eye or head injury.
7. You suffer from headaches.
8. Your vision cannot be corrected to 20/20.

Yes, I would like to have my eyes dilated.

No, I do not wish to have my eyes dilated and I understand that I risk potential vision loss secondary to undetected ocular/systemic disease.

I would like to discuss this further with the doctor, or may wish to reschedule for a more convenient time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RETINAL PHOTOGRAPHY

**Q:** What is retinal photography?

**A:** It is a simple procedure that gives your doctor a detailed picture of the retina inside of your eye. A highly sophisticated digital camera can assist us in the early detection and documentation of retinal problems, optic nerve disease, pre-cancerous lesions, macular degeneration, glaucoma, diabetic retinopathy, etc.

**Q:** What is the benefit of taking retinal photographs?

**A:** Your retina can change gradually over long periods of time and photographs are an accurate and painless method to detect even the slightest changes. A retinal photograph, along with a dilated exam, is the most accurate way to document the internal ocular health and gives a more thorough evaluation. Why rely on memory and drawings when you can refer to an actual photographic record?

**Q:** Who should have retinal photography?

**A:** We recommend that all first-time patients have photos taken to be included in their permanent record. It is especially important for those patients who have diabetes, hypertension, retinal problems, family histories of glaucoma, etc.

**Q:** Is retinal photography a complicated procedure?

**A:** Not at all. It is safe and easy and nothing touches your eye. This is not an X-ray and it only takes a few minutes. Although the pictures are easier to take when you are dilated, they can even be done without dilating the eye.

**Q:** Is retinal photography included in the cost of my routine exam?

**A:** Since taking baseline retinal photos are an elective procedure there is a nominal charge in order to help cover the cost of the camera/film and time. If there is a medical reason for the photographs which, under the standard of care, requires medical photos, you may be able to submit the bill for the retinal photography to your major medical insurance company for possible reimbursement.

Yes, I do wish to have baseline retinal photography.

No, I do not wish to have retinal photography at this time. (The doctor will advise me if they are medically required)

I have questions about retinal photography.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date