

WELCOME BACK TO OUR OFFICE

NAME _____ DATE _____

EMPLOYER _____ OCCUPATION _____ HOBBIES _____

WHAT IS THE MAIN PURPOSE OF THIS VISIT? _____

ANY PROBLEMS WITH YOUR PRESENT GLASSES OR CONTACT LENSES? _____

VERY IMPORTANT!

IF NOT REFERRED, HOW DID YOU CHOOSE OUR OFFICE FOR YOUR NEEDS?

- ANOTHER DR. INSURANCE LISTING SAW SIGN/BUILDING
 NEWSPAPER WEB PAGE OTHER: _____

DO YOU PARTICIPATE IN A FLEX SPENDING ACCOUNT? YES NO

HOW WILL YOU SETTLE YOUR ACCOUNT TODAY? (CIRCLE ONE) CASH CHECK CREDIT CARD

DO YOU EXPERIENCE... (CHECK BOX IF YOUR ANSWER IS YES)

- BLURRY VISION GRITTIENESS
 BURNING ITCHINESS
 TEARING DRY EYES
 HEADACHES SUNLIGHT SENSITIVITY
 DOUBLE VISION POOR NIGHT VISION
 FLASH OF LIGHT UNCOMFORTABLE GLASSES
 FLOATERS/SPOTS

HAVE YOU BEEN DIAGNOSED WITH OR TREATED FOR...

- CATARACTS LAZY EYE
 CORNEAL ABRASION MACULAR DEGENERATION
 EYE INFECTION RETINAL DETACHMENT
 EYE INJURY DIABETIC RETINOPATHY
 GLAUCOMA DRY EYE DISEASE
 IRITIS/UVEITIS BLEPHARITIS

DATE OF LAST EYE EXAM: _____ BY WHOM? _____

DO YOU CURRENTLY WEAR CONTACT LENSES? YES NO

WHAT KIND? _____ SOLUTION USED: _____

WOULD YOU PREFER CLEAR CONTACT LENSES, OR COLORED CONTACT LENSES? CLEAR COLORED

HAVE YOU EVER TRIED CONTACT LENSES? YES NO

DO YOU (CHECK BOX IF YOUR ANSWER IS YES)

- WORK AT THE COMPUTER?
 THINK YOU MIGHT BENEFIT FROM THINNER, LIGHTER LENSES?
 HAVE INTEREST IN A TEST DRIVE OF THE LATEST CONTACT LENS DESIGNS?
 SPEND TIME OUTDOORS? IF SO, HOW MANY HOURS PER DAY: _____
 HAVE PRESCRIPTION SUNGLASSES?
 PREFER NOT TO WEAR YOUR GLASSES AT TIMES?
 WANT INFORMATION ON LASER VISION CORRECTION SURGERY?
 HAVE MORE THAN 1 PAIR OF CURRENT PRESCRIPTION GLASSES?
 HAVE CHILDREN?
 HAVE A FAMILY MEMBER IN NEED OF EYECARE?

IS THERE A FAMILY MEDICAL HISTORY OF ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

- BLINDNESS LAZY EYE DIABETES
 CATARACTS MACULAR DEGENERATION HEART DISEASE
 CORNEAL PROBLEMS RETINAL PROBLEMS STROKE
 GLAUCOMA OTHER EYE DISEASE: _____ HIGH BLOOD PRESSURE



THE EYE CENTER

Nicole D. Verachtert, O.D.

of Parkville

Stephanie A. Staatz, O.D.

Optomap Ultra-Widefield Retinal Image

The Optomap is state of the art technology that represents the latest in eye disease detection. It allows us to more thoroughly evaluate your retina, the sensitive tissue in your eye that is responsible for vision. The retina is susceptible to a variety of diseases, which can lead to vision loss. Early detection of retinal abnormalities is crucial to protect your vision. The image is kept as a part of your record and we can compare the pictures year after year at your annual examination.

Drs. Staatz and Verachtert highly recommend the Optomap Retinal Image, for evaluation and documentation, be performed in addition to your routine examination.

- Everyone, including children, should have baseline photos
- No dilation is necessary to perform this test
- The doctors immediately analyze and review the test with you
- Retinal images are stored for future references and comparison
- You should be tested annually if you have:
 - *Diabetes
 - *Glaucoma
 - *Hypertension
 - *Retinal Problems
 - *Macular Degeneration
 - *High Myopia

This procedure is not covered by basic vision insurance. The fee for the Optomap Retinal Image is 39.00.

I have read the information about Retinal Photography.

- Yes, I choose to have retinal photography performed at this time.
- No, I choose to defer the test at this time.

Signature _____ Date _____