

WELCOME FORM



Welcome to our office. We appreciate the opportunity to care for you today. Please read and complete both sides of this form to help us best serve your vision, eye health, and eyewear needs. Thank you.

Your **COMPREHENSIVE ANNUAL EYE EXAMINATION** today will typically take between 1 hour and 1 ½ hours. The examination will include vision tests to determine your eyeglasses prescription and a thorough health check of your eyes for cataract, glaucoma, macular degeneration, diabetic retinopathy, and other eye diseases.

Would you like us to forward your exam results from today's visit to your **PRIMARY CARE DOCTOR**, diabetes care doctor, other specialty doctor, your child's school, or any other professional?

- YES. Please provide your screening technician with your other doctor's name & telephone number.
- NO. (We respect our patient's privacy and never share your information without your consent.)

We recommend a thorough **RETINAL EXAM** at *every* comprehensive annual eye examination for **ALL** patients. ***Why do you need a thorough retinal exam, even if you are asymptomatic, you have no risk factors for eye disease, and your vision is correctable to 20/20 during your vision exam?*** One study of over 1,000 such patients found that a thorough retinal examination revealed clinically significant retinal findings or retinal pathology in about 3% of these seemingly healthy patients (or about 1 in 33). The same study found that 1 in 10 of these clinically significant retinal findings would **NOT** have been detected without a **DILATED PUPIL EXAMINATION**. The rate of clinically significant retinal findings detected increased with age and occurred in about 9% of those older than age 60 (or about 1 in 11).

Because of these statistics, **we recommend the OPTOVUE I-CAM EXAM for ALL patients age 6-39 or the OPTOVUE I-WELLNESS EXAM for ALL patients age 40 and older AT EVERY EXAMINATION**. These quick, non-invasive tests **should detect about 90% of clinically significant retinal findings** for asymptomatic, low risk patients. These tests usually do NOT require pupil dilation, which has inconvenient side-effects. You can read more about these tests on the laminated form attached to this clipboard. These tests are considered an additional service by most vision insurance companies, but are very affordable. The **iCam Exam** for patients age 6-39 is **only \$12.00**. The **iWellness Exam** for patients age 40 or older is **only \$28.00**.

- YES.** I would like to receive the **Optovue iCam Exam** or **Optovue iWellness Exam** today. I understand that I am responsible for the small additional fee for this examination.
- NO.** I would prefer not to receive this additional exam. I understand the risk that I could have eye disease that could be undetected by my doctor if I refuse this testing.

Additionally, we recommend a **BASELINE DILATED PUPIL EXAMINATION** for **ALL NEW PATIENTS**, and then at certain reasonable intervals for established patients, in order to also detect the other 10% of clinically significant retinal findings that can only be viewed with a dilated pupil examination. Dilated pupil examination **IS INCLUDED** as part of your comprehensive eye examination at **NO ADDITIONAL CHARGE**. If your doctor recommends dilated pupil examination for you today, then he/she will review the side-effects of the test with you. If you cannot tolerate the side-effects today or wish to bring a driver for this testing, we will gladly reschedule the test within the next 6 weeks at **NO ADDITIONAL CHARGE**.

We can provide your **CONTACT LENS FITTING** during your appointment today. Most vision insurance companies DO NOT consider contact lens fitting services to be part of your comprehensive eye examination, but an additional service. Your vision insurance plan may pay for a portion of your contact lens fitting services &/or materials, but you may incur some additional out-of-pocket expenses. We will gladly explain your vision insurance plan's policies and your out-of-pocket expenses prior to your doctor performing these additional services. Most contact lens fittings can be completed today. However, some contact lens fittings may require additional follow-up visit(s) prior to finalizing the contact lens prescription, examples include new wearers, some cases of contact lens related discomfort, some astigmatism correcting contact lenses, and some monovision or multifocal contact lenses.

- YES. I do wish to be fit or refit for contact lenses today, even if I may incur some out-of-pocket expenses.
- NO. I do not wish to be fit or refit for contact lenses today.

Our doctors provide pre-operative and post-operative care for **LASER VISION CORRECTION (LASIK AND/OR PRK)**, along with our trusted partner surgeons. Our doctors would be happy to answer your questions about laser vision correction today.

- YES. I would like more free, no-obligation information about laser vision correction today.
- NO. I am not interested in laser vision correction at this time.

CHIEF COMPLAINT: What is the main reason you scheduled your appointment today? What is your primary concern with your vision or your eye health that we can address for you today? **Please, do NOT leave this question blank!**

HISTORY OF PRESENT ILLNESS (HPI) or COMMON OCULAR COMPLAINTS:

Are you experiencing any of the following:

PHYSICAL OCULAR SYMPTOMS, such as pain, redness, burning, itching, sandy/gritty feeling eyes, dry eyes, watery eyes, or discharge?

- NO YES, Please describe: _____

HEADACHE or DOUBLE VISION?

- NO YES, Please describe: _____

FLOATERS/COBWEBS/CURTAINS or LIGHT FLASHES?

- NO YES, Please describe: _____

BLURRED VISION or UNCOMFORTABLE VISION, including glare?

- NO YES, Please describe: _____

Patient Name (Please print.) _____

Guardian's Name If Patient Is < Age 18 (Please print.) _____

E-Mail Address _____

Date: ____/____/____

Signature: _____