patient history – eyes on fulton

Name: _____ Birthday:_____Sex: M F Last 4 of SS# :_____
Address:_____Unit #_____ City:_____State:____Zip:_____
Cell:_____Email:_____
What is your occupation? _____ How did you hear about us?_____
Interested In: Glasses / Contacts / LASIK Last eye exam: _____
Do you currently wear: Glasses / Contacts / Both
Do you currently have or have you ever had any of the following? Check all that apply

Eye Surgeries:	Y / N	Dry Eyes:	Y / N	Macular Degeneration:	Y / N
Eye Injuries:	Y / N	Light Sensitivity:	Y / N	Eye Turn in/Out:	Y / N
Eye Infections:	Y / N	Pain:	Y / N	Reading Problems:	Y / N
Amblyopia:	Y / N	Glaucoma:	Y / N	LASIK:	Y / N
Cataracts:	Y / N	Lazy Eye:	Y / N	Other:	Y / N

Do you have:

Diabetes	Y / N	High Blood Pressure:	Y / N
When were you diagnosed? _____		When were you diagnosed? _____	
Headaches	Y / N		

When or how often do you get the headaches?_____
Are you currently on any prescription or over the counter medications? Please List:
_____
Do you currently have any allergies? (please list them)_____

Do you use: Tobacco:__Y / N___
Family Eye History- Anyone in patient's family (blood relative) had any of the following?

Cataracts	Y / N	Glaucoma	Y / N	Macular Degeneration	Y / N
Cornea Disease	Y / N	Lazy Eyes	Y / N	High Blood Pressure	Y / N
Retina Disease	Y / N	Diabetes	Y / N	Other Eye Disorder	Y / N

Are you currently pregnant or nursing?_____
Anything else we should know? _____

optomap®
ultra-widefield retinal imaging

Optomap Identifies and documents retinal problems such as macular degeneration, glaucoma, retinal holes, retinal detachments and diabetes related issues.

We pride ourselves on providing our patients with the best possible standard of care. The doctor **strongly recommends** that all of our patients receive an optomap screening during their annual exam. For most patients this test can alleviate the need for dilation.

____ **YES**, I agree to the optomap® today with a $39 co-pay (Doctor Recommended)
____ **Unsure**, I would like more information from the technician & doctor

I have read and understand this document:
Sign: _____ Date: _____