

Established Patient Questionnaire

Date: _____

Patient's Name: _____ Phone # _____

Date of birth _____ Age: _____ SSN _____

Medical History:

- There are *no changes* in medical history since previous visit.
- There have been changes in medical history since previous visit. (Please explain below)

Has there been an address change? Yes No

Street _____ City _____ State _____ Zip _____

Insurance information must be presented at time of service. Our office will NOT bill after services rendered.

Initial _____

Vision Insurance: _____ Health Insurance: _____

Members Name: _____ Date of birth ____/____/____

Members ID: _____ - _____ - _____ Relationship to Member: _____

Optomap Retinal Examination

Optomap Retinal Examination is a new procedure that can take an ultra-wide picture of the retina, allowing the doctor to do a more accurate internal assessment of the eye. The Optomap can be done with or without dilation. If you wish not to have your eyes dilated, the Optomap image gives the doctor a much larger image of the retina. The fee for the Optomap is \$30.00.

Do you want the Optomap? NO YES

Pupil Dilation

Dilation drops enlarge the size of the pupil. This allows a thorough examination of the health of your retina. The effects of the dilation last three to five hours. In most cases, distance vision is not impaired. Dilation is part of the comprehensive exam with no additional charge.

Do you want the pupil dilation? NO YES

Visual Field Screening

Computerized Visual Testing can assist us in early detection of glaucoma, retinal problems, and some neurological diseases. The fee for this test is \$25.00. For more in-depth field-testing there is an additional charge.

Do you want the Visual Field Screening? NO YES

Office Policies

All copays and service fees are expected at time service is rendered. Fees for eye exams and contact evaluation/fittings are all separate charges and non refundable.

Signature _____