

Review of Systems (Please check **ALL** that apply)

Eyes

- Blurred vision Red Eyes Discharge Itchy Eyes Dry eyes Excessive tearing Eye strain
- Flashes of light Floaters Light sensitivity Poor night vision Double Vision Eye Pain Loss of vision

Ears, nose, throat and mouth

- Allergies Ear ache Nasal congestion Cough Dry mouth Hearing loss

Cardiovascular

- High blood pressure High cholesterol Heart problems

Endocrine

- Diabetes Thyroid Pituitary Graves Disease

Gastrointestinal

- Crohn's/Colitis Celiac Disease Diarrhea/constipation

Dermatologic (Skin)

- Acne Rosacea Psoriasis Rashes Growths

Genitourinary

- Frequent urination Impotency Kidney Dz Bladder

Neurological

- Headaches Migraines Seizures Ocular Migraines

Lymphatic/Hematologic

- Anemia Bleeding disorders Hepatitis HIV AIDS

Respiratory

- Asthma Bronchitis Emphysema

Musculoskeletal/Autoimmune

- Arthritis Sjogrens Lupus MS Syphilis

Psychiatric

- Anxiety Depression Bipolar Disorder

Family History (This includes parents, grandparents and siblings)

- Glaucoma _____ Diabetes _____
- Cataracts _____ Hypertension _____
- Macular Degeneration _____ Heart Disease _____
- Lazy eye / Amblyopia _____ Autoimmune Disease _____
- Blindness _____ Thyroid Disorders _____

Ocular History

Do you wear eyeglasses? Yes No **If yes -** At distance At computer At near All distances

Do you wear contacts? Yes No Full time Part time Overnight

How often do you dispose of your contacts? Daily 2 weeks Monthly More than 1 month

Have you had eye surgery? Yes No Type: _____

Have you had refractive surgery? Yes No Lasik PRK RK When? _____

Have you been diagnosed with any Ocular Diseases? Yes No

Glaucoma Cataracts Macular Degeneration Dry Eye Syndrome Ocular Allergy

Diabetic Retinopathy Hypertensive Retinopathy Other _____

Do you use eye drops? Yes No List _____

Consent for Dilated Eye Exam / Retinal Photography

Pupil dilation is a routine part of our comprehensive examination. This involves inserting medication eye drops into each eye, which takes about 15 minutes to take effect. Dilation makes your pupils larger, so the Optometrist can get a better look inside your eye. This is done to evaluate for ocular diseases and systemic disorders such as diabetes and hypertension. Dilation will last about 3 hours. It will make it difficult to see up close and you will be more sensitive to light. Dilation is usually not required to determine your prescription for glasses or contacts.

I would like my eyes dilated today I decline dilation I wish to reschedule dilation (up to 30 days at no charge)

I would like my eyes photodocumented today (up to \$39 co-pay) I decline retinal photography

Patient or Guardian Signature _____

Doctor's Notes

VP	MP			
<input type="checkbox"/> P92004	<input type="checkbox"/> P99201	<input type="checkbox"/> P99211	Diabetes	Glaucoma
<input type="checkbox"/> P92014	<input type="checkbox"/> P99202	<input type="checkbox"/> P99212	Hypertension	Cataracts
<input type="checkbox"/> P92012	<input type="checkbox"/> P99203	<input type="checkbox"/> P99213	High Cholesterol	AMD
<input type="checkbox"/> P90040	<input type="checkbox"/> P99204	<input type="checkbox"/> P99214	<input type="checkbox"/> P92310 <input type="checkbox"/> P92083	<input type="checkbox"/> P92250
<input type="checkbox"/> P90050	<input type="checkbox"/> P4074	<input type="checkbox"/> P68761	<input type="checkbox"/> P92072 <input type="checkbox"/> P92081	
				VAcEG 20 /
				VAcCL 20 /
				C / D _____
				F/U: 1 day 1 week 1 month _____