US VISION GROUP

TODAY'S DATE:	

PATIENT INFORMATION

NAME:	BIRTH DATE:	SEX: ☐ M ☐ F
STREET ADDRESS:		
CITY:	STATE:	ZIP:
CELL PHONE:	HOME PHONE:	WORK PHONE:
OCCUPATION:	EMPLOYER:	
EMAIL ADDRESS:		

INSURANCE

INSURANCE COMPANY:	INSURED'S NAME:
ID NUMBER:	RELATIONSHIP TO PATIENT:
INSURED'S BIRTH DATE:	INSURED'S SOCIAL: - -

HISTORY

CHECK ALL THAT	NONE	SELF	FAMILY
Diabetes	☐	☐	☐
High Blood Pressure	☐	☐	☐
Heart Attack	☐	☐	☐
Stroke	☐	☐	☐
Arthritis	☐	☐	☐
Thyroid Disorder	☐	☐	☐
Headaches	☐	☐	☐
Allergies/Sinus	☐	☐	☐
Other:			

	NONE	SELF	FAMILY
Glaucoma	☐	☐	☐
Cataracts	☐	☐	☐
Macular Degeneration	☐	☐	☐
Eye Surgery	☐	☐	☐
Blindness	☐	☐	☐
Double Vision	☐	☐	☐
Floaters	☐	☐	☐
Light Flashes	☐	☐	☐
Eye Injury	☐	☐	☐

OTHER

DO YOU WEAR EYEGLASSES: ☐ YES ☐ NO	DO YOU WEAR CONTACTS: ☐ YES ☐ NO TYPE:
LAST EYE EXAM DATE:	LAST EYE DOCTOR:
DO YOU SMOKE: ☐ YES ☐ NO	CURRENT MEDICATIONS:
ARE YOU PREGNANT: ☐ YES ☐ NO	MEDICAL ALLERGIES:

PERFORM DILATION? ☐ YES ☐ NO I am aware of the benefits and risks of dilation (see reverse side). INITIALS: ____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of US Vision Group's "Notice of Privacy Practices." This Notice describes how the practice may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected information.

PATIENT/GUARDIAN SIGNATURE _____ DATE _____

1515 N Town East Blvd, Suite 523B, Mesquite, TX 75150
Office 972-638-8600 Fax 972-638-8565 USVISIONGROUP.COM

DILATED RETINAL EXAM

Dilating the pupils with eye drops is highly recommended since it will allow the doctor to obtain a better view inside the eye in order to better detect such problems as glaucoma, cataracts, retinal detachment, macular degeneration, diabetes, and high blood pressure. We strongly recommend pupil dilation if you have never been dilated, or if any one of the following applies to you:

1. You are over the age of 55
2. You have a high spectacle prescription
3. Family history of eye disease
4. Taking medications for diabetes or high blood pressure
5. Recent onset of unusual symptoms, such as floaters, flashes, pain, or blurred vision
6. Frequent headaches
7. If has been more than two years since your last dilated retinal exam

While the drops used to dilate the eyes have minimal risks and side effects, some people may experience mild blurred vision especially when reading and sensitivity to light that may impair the ability to operate a motor vehicle. Pupillary dilation also has a very small risk of complication including angle closure glaucoma. The effects of the drops will last for three to four hours or more. Dilation may be scheduled for another visit if it is more convenient for you. Having this test administered adds **$30.00** to the cost of the eye exam. Please check the appropriate box on the reverse side stating your preference and initial where indicated to acknowledge that you are aware of the risks and benefits of a dilated retinal exam.

If you have any questions, the doctor will be happy to discuss this in more detail.

ADDITIONAL INFORMATION

ADDITIONAL CURRENT MEDICATIONS:	ADDITIONAL MEDICAL ALLERGIES:

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