

Welcome Back to Our Office

In order to keep your medical file up-to-date, please complete this page. Thank You!

Title: Dr. / Mr. / Mrs. / Ms. / Rev. / Judge
 Name: _____
 Home address: _____
 City: _____ State: _____ Zip: _____
 Home phone: (_____) _____
 Work phone: (_____) _____
 Cell phone: (_____) _____
 E-mail address: _____

Today's date: _____
 Date of Birth: _____ Age: _____
 Employer (or School): _____
 Occupation (or Grade): _____
 Status: Married / Divorced / Single / Widow(er)
 Have you visited us on the Internet? Y N
www.visionsource-foothill.com

Updated Health Information

<p><i>Vision Insurance:</i> _____ <i>Medical Insurance:</i> _____ <i>Medical Insurance:</i> Type: PPO / POS / HMO / Medicare Part B / Other: _____ Do you participate in a Flexible Spending Account? Yes / No Family Physician/Internist Name: _____ Date of Last Visit: _____ Allergies to Medications: _____ Will you be ordering new glasses today? Yes / No / If there is a change Are you interested in contact lenses today? Yes / No</p>	<p><i>Current Medications:</i> Allergy: _____ Arthritis: _____ Cholesterol: _____ Diabetes: _____ Heart: _____ High Blood Pressure: _____ Other: _____ Are you currently pregnant or breastfeeding? Yes / No</p>																														
<p><i>Are you experiencing any of the following symptoms?</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Blurry Vision</td> <td><input type="checkbox"/> Headaches</td> </tr> <tr> <td><input type="checkbox"/> Dizziness</td> <td><input type="checkbox"/> Itchy Eye(s)</td> </tr> <tr> <td><input type="checkbox"/> Double Vision</td> <td><input type="checkbox"/> Light Sensitivity (Photophobia)</td> </tr> <tr> <td><input type="checkbox"/> Dry Eye(s)</td> <td><input type="checkbox"/> Red Eye(s)</td> </tr> <tr> <td><input type="checkbox"/> Flashing Lights</td> <td><input type="checkbox"/> Stinging / Burning</td> </tr> <tr> <td><input type="checkbox"/> Floaters / Spots</td> <td><input type="checkbox"/> Stye</td> </tr> <tr> <td><input type="checkbox"/> Glare / Halos</td> <td><input type="checkbox"/> Tearing / Teary eye(s)</td> </tr> <tr> <td><input type="checkbox"/> Grittiness /Sandy</td> <td><input type="checkbox"/> Trouble seeing while driving</td> </tr> </table>	<input type="checkbox"/> Blurry Vision	<input type="checkbox"/> Headaches	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Itchy Eye(s)	<input type="checkbox"/> Double Vision	<input type="checkbox"/> Light Sensitivity (Photophobia)	<input type="checkbox"/> Dry Eye(s)	<input type="checkbox"/> Red Eye(s)	<input type="checkbox"/> Flashing Lights	<input type="checkbox"/> Stinging / Burning	<input type="checkbox"/> Floaters / Spots	<input type="checkbox"/> Stye	<input type="checkbox"/> Glare / Halos	<input type="checkbox"/> Tearing / Teary eye(s)	<input type="checkbox"/> Grittiness /Sandy	<input type="checkbox"/> Trouble seeing while driving	<p><i>Family Medical History:</i></p> <table style="width: 100%; border: none;"> <tr> <td>Blindness</td> <td>Yes / No / Unsure</td> </tr> <tr> <td>Cataracts</td> <td>Yes / No / Unsure</td> </tr> <tr> <td>Diabetes</td> <td>Yes / No / Unsure</td> </tr> <tr> <td>Glaucoma</td> <td>Yes / No / Unsure</td> </tr> <tr> <td>High Blood Pressure</td> <td>Yes / No / Unsure</td> </tr> <tr> <td>Macular Degeneration</td> <td>Yes / No / Unsure</td> </tr> <tr> <td>Other disease(s):</td> <td>_____</td> </tr> </table>	Blindness	Yes / No / Unsure	Cataracts	Yes / No / Unsure	Diabetes	Yes / No / Unsure	Glaucoma	Yes / No / Unsure	High Blood Pressure	Yes / No / Unsure	Macular Degeneration	Yes / No / Unsure	Other disease(s):	_____
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Thank you!

Optomap Digital Eye Imaging Technology

Foothill Optometric Center is pleased to offer you and your family the most highly advanced technology available in eye disease detection, the Optomap Digital Retinal Imaging. This digital imaging system allows us to thoroughly evaluate your internal eye health with dramatically improved precision that includes a depth in the retina not seen with regular dilation.

Our Doctors are concerned about retinal diseases such as macular degeneration, glaucoma, retinal detachments, and diabetic retinopathy; all which can lead to partial loss of vision or blindness. Additionally, systemic diseases such as diabetes and high blood pressure can be detected with a retinal examination. Eye exams with retinal evaluations can help you safeguard both your eyesight and general health.

Our Doctors Recommend Optomap for the Following Reasons:

Optomap Retinal Imaging Provides:

- The ability to show you your retinal images today, during your exam.
- An In-Depth 3D view of your retinal layers (where diseases can start).
- A permanent record for your medical records, which gives your doctor a comparison for diagnosing and tracking retinal eye disease annually.

Optomap Retinal Imaging is:

- Fast, easy, and comfortable.
- Patient Friendly.
- ***Eliminates the need to be dilated, in most cases.***

Our doctors are committed to providing you and your family the highest standards of eye care available and recommend Optomap annually. With an annual Optomap, our doctors can track your eye health for concerns, comparison, and treatments. Because this technology is new, it is not covered by insurance and there is a **\$39.00** fee for this procedure. *(Please advise staff if you have a history of epilepsy.)*

_____ I elect to have an Optomap Digital Retinal Image of my retina.

_____ **I DECLINE** the Optomap Retinal Imaging and am choosing to be dilated today.

_____ **I DECLINE BOTH** the Optomap and dilation. I understand that the potential for partial or total loss of vision may exist due to undetected eye disease. I also understand it is my responsibility to schedule a dilated fundus exam.

Signature: _____
Patient / Parent or Guardian if patient is a minor

Date: _____