

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name \_\_\_\_\_  
 Has any of your contact information changed? If yes, please make the changes below. **If no, skip to \*\***  
 Street \_\_\_\_\_ City \_\_\_\_\_ State TX Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_ May we contact you? Yes  No

**\*\*Any problems with your present contact lenses or glasses?** \_\_\_\_\_  
 How will you settle your account today?  Care Credit (No interest 3, 6, 12 month Extended Payment Plan)  
 Check  Cash  Credit Card  flex spending account

\*If medical care is provided all DEDUCTIBLES and COPAYS are DUE AT THE TIME OF SERVICE\*

EYES	Yes	Yes	Yes
Tired Eyes	<input type="checkbox"/>	Blurred Vision	<input type="checkbox"/>
Double Vision	<input type="checkbox"/>	Eye Soreness/Pain	<input type="checkbox"/>
Mucous Discharge	<input type="checkbox"/>	Redness	<input type="checkbox"/>
Itching	<input type="checkbox"/>	Burning	<input type="checkbox"/>
Loss of Vision	<input type="checkbox"/>	Excess Tearing	<input type="checkbox"/>
		Loss of Side Vision	<input type="checkbox"/>
		Dryness	<input type="checkbox"/>
		Sandy/Gritty Feeling	<input type="checkbox"/>
		Foreign Body Sensation	<input type="checkbox"/>
		Glare/Light Sensitivity	<input type="checkbox"/>

**Do you... (Check box if answer is yes)**

- Have trouble watching TV in your bifocals?
- Think you might benefit from thinner, lighter lenses?
- Interested in a "Test Drive" with the latest in contacts?
- Are you bothered by glare?
- Spend long periods outdoors?
- Have prescription sunglasses?
- Work at a computer for extended periods?
- Have prescription glasses?
- Prefer not to wear your glasses at times?
- Want information on Laser Vision Correction?
- Interested in non-surgical Vision Correction?
- Have more than 1 pair of current RX glasses?
- Have children?
- Have family members in need of eyecare?
- Have trouble playing golf in your bifocals?
- Do you ride a motorcycle?

## Retinal Images and Visual Field Screenings

**"80% of all cases of blindness and serious sight loss could be prevented through proper eye care and treatment"**  
 - The World Health Organization, The International Agency for the Prevention of Blindness, 2005

**1. Alternative to Dilation – Retinal Image Screening.** Dilation of the pupils is necessary to check the internal health of the eyes. Our new technology, the Nidek AFC 12 Megapixel Camera, lets us look at the inside of the eyes without having to dilate. No more blurred vision causing you to miss work or school, sunlight sensitivity or need for a driver to take you home.\*

The fee for this is included in our cash prices, but insurances do not cover the images. **The fee is \$10.**

**2.** A computerized instrument enables us to provide an in depth **visual field** analysis. Visual field testing assist in identifying *undetected* disorders like glaucoma, retinal disease, and neurological disease (tumors, aneurysms, multiple sclerosis). The guideline for the visual field is all new patients age 18 years and older. (Every 3 years thereafter)

\_\_Yes, I do want the visual field screening. -----Fee is \$19  
 \_\_No, I do not want the visual field screening.

\_\_\_\_\_  
 Guardian's Printed Name

\_\_\_\_\_  
 Patient or Guardian Signature Date

\_\_\_\_\_  
 Doctor's Signature Date

By signing you are confirming:  
 (1) the authenticity of this history form (2) that we have offered you the chance to read/obtain a copy of our Privacy Act

