



Patient's Name _____

Street Address _____

City, State, Zip Code _____

Home Phone Number _____ Cell Number _____

Email Address (will not sell/distribute) _____

Date of Birth ____/____/____ Age _____

Employer _____ Occupation _____

Spouse's Name _____ Employer _____

Who will be responsible for the financial aspect of this case? [] Same as above.

Person's Name _____

Street Address _____

City, State, Zip Code _____

Bill payer's SS#/Medicare # _____

Insurance Holder's Date of Birth ____/____/____

Insurance Company Name _____

How did you hear of our practice? _____

Where and when was your last eye exam? _____

What brings you in today? _____

	YES	NO		YES	NO
Medical History:					
Anxiety	[]	[]	Hearing Loss	[]	[]
Arthritis/Joint Pain	[]	[]	Hepatitis	[]	[]
Asthma	[]	[]	Hypertension	[]	[]
Atrial Fibrillation	[]	[]	HIV/AIDS	[]	[]
(Irregular Heartbeat)	[]	[]	Hypercholesterolemia	[]	[]
Bone Marrow Transplant	[]	[]	Hyperthyroidism	[]	[]
BPH	[]	[]	Hypothyroidism	[]	[]
Breast Cancer	[]	[]	Leukemia	[]	[]
Colon Cancer	[]	[]	Lung Cancer	[]	[]
COPD	[]	[]	Lymphoma	[]	[]
Coronary Artery Disease	[]	[]	Pregnancy/Nursing	[]	[]
Depression	[]	[]	Prostate Cancer	[]	[]
Diabetes	[]	[]	Radiation Treatment	[]	[]
End Stage Renal Disease	[]	[]	Seizures	[]	[]
GERD	[]	[]	Stroke	[]	[]
Other (please list)	[]	[]			

SEE OTHER SIDE

Advanced Eyecare Clinic, Inc.
Dilation of the Pupils

One of the most important tests that your doctor does as part of a regular eye exam is to look inside of your eyes. Many health problems of both the eyes can often be detected this way.

Much more of the inside of your eyes can be examined if special eye drops are used to temporarily dilate (enlarge) your pupils (the center black part of your eye). The doctor will put eye drops into your eyes, and then about 20 to 30 minutes later (most patients choose to pick out glasses during this time), he/she will examine the back of your eye. Unfortunately, the dilation will increase your sensitivity to bright light for about 4 to 6 hours. We can provide disposable sunglasses for this time. The drops will also probably decrease your close vision for 2 to 3 hours. Keep in mind, driving or returning to work or school may be difficult during this time.

The doctor recommends that all patients have their eyes dilated to examine for diseases and disorders that may lead to future vision problems or even blindness. The following groups of people are in the greatest need of regular dilated examinations:

- New Patients
- Diabetic patients
- Patients with High Blood Pressure
- Anyone 50 years of age and older
- People with a family history of eye disease or blindness
- Nearsighted people with a strong prescription
- Anyone experiencing unexplained flashes of light and/or an increase in floaters in their eyes

Please indicate below if you would like to have your eyes dilated. If you have any questions, please feel free to speak to the doctor. Thank you.

_____ Yes, Today if possible

_____ Yes, I can't today, but I will set up an appointment

_____ No, I prefer not to be dilated

Patient Name: _____

Patient Signature _____

(Parent or guardian's signature if patient is a minor)

Date _____