

PATIENT HEALTH HISTORY UPDATE FORM

Case: General Exam Contact Lens Exam Date: _____

Patient's Name: _____ Parent (if minor): _____

Change of Address: _____ Home Phone: _____

Work/Cell Phone: _____

METHOD OF PAYMENT: Cash Check Credit Card

Changes in Patient's or Family's Health History (Please be specific):

Ocular/Visual Symptoms: _____

Amount of computer work per day: _____

Medications: _____

Drug Allergies: _____

DILATION INFORMED CONSENT

Dilation is the procedure in which the doctor puts drops into the eyes in order to enlarge the pupil.

Dilation of the pupils is necessary in order for the doctor to view virtually the entire retina. It also aids the doctor in the diagnosis of glaucoma, diabetes, hypertension and retinal detachments, as well as other diseases.

Without dilation, the doctor can only view the back portion of the eye. This has been described as "looking into a closet through a keyhole".

Dilation is necessary if any of the following applies to you: 1) have not had a comprehensive eye exam in more than two years; 2) have diabetes or hypertension; 3) have glaucoma or cataracts; 4) are highly myopic (near-sighted); 5) have frequent and/or unexplained headaches; 6) see spots, floaters, or flashes of light in your vision; 7) have unexplained loss of vision; 8) if this is your first comprehensive eye exam.

Dilation is **NOT** necessary to determine your prescription. It only aids the doctor in evaluating your ocular health. Once dilated, driving may be difficult as it can take up to 4-5 hours to fully recover from the dilating drops. The doctor does not dilate on every patient at every exam; only when he feels it necessary and when given your permission.

I fully understand the need for dilation and: **(CHECK ONLY ONE)**

I do give the doctor permission to dilate my eyes today.

I do not give the doctor permission to dilate my eyes today.

I would rather reschedule the dilation for a later date if the doctor determines that it is necessary.

Patient signature (or guardian, if patient is a minor)

THE VISION CENTERS

There are two types of health insurance that will help pay for your eye health services and products. You may have both types and The Vision Centers accepts most vision care plans and insurance plans in both categories: (1) vision plans and (2) medical insurance (such as Blue Cross/Blue Shield, Medicare, and others).

- Vision Plans cover ONLY routine vision wellness exams and may include eyeglasses, sunglasses and contact lenses. Vision plans do NOT provide for MEDICAL EYE HEALTH CARE NEEDS.
- Medical Insurance MUST be submitted for any medical eye healthcare diagnoses and treatment care and follow-up.
- If you have both vision care benefits and medical insurance plans, it may be necessary for us to submit and bill some services to one plan provider and some services to the other plan provider. We will follow a procedure called “Coordination of Benefits” to do this properly and to your best advantage and least cost for you.
- Where some fees for services and products are not paid by your vision plan or medical insurance providers, you will be responsible for them, including deductibles, co-payments and non-provider services as specified by the insurance contract.

Please provide both your vision plan and medical insurance card(s) and picture identification to our team member. We will need your medical insurance or Medicare card on file in case we should need it in the future for submitting a claim on your behalf with your insurance.

I have read and accept this office procedure.

Signature: _____ **Date:** _____