# PATIENT HISTORY FORM

**NAME_____DOB_____DATE_____**

Pharmacy name: _____ Pharmacy phone #: _____

Pharmacy location: _____

Referring Optometrist:_____ Primary Care Doctor:_____

**Reason for visit:**_____

Which eye: _____

When did the problem start? _____

**Do you have any <u>allergies</u> to <u>medications</u>?** □No □Yes

Please list: _____

**Please list medication names and doses you take:** □NONE

| Medication | Dosage | Medication | Dosage |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Previous eye surgeries or injuries (including date):**_____

_____

**Write down any eye drops you are currently taking**:_____

_____

## Medical History:

□ Anxiety
□ Arthritis
□ Asthma
□ Cancer --Type:_____
□ Epilepsy
□ Diabetes
□Type I □Type II □Insulin injection
□ Herpes (cold sore, shingles)
□ Other illness you have not listed above: _____

□ High cholesterol
□ Hypertension
□ Hypothyroidism
□ Depression
□ Migraines
□ Seasonal Allergies
□ Stroke

_____

# PATIENT HISTORY FORM

**NAME_____DOB_____DATE_____**

Address: _____

Phone #: _____ Alternate Phone #: _____

Height: _____ Weight: _____ Social Security # _____

| Prior surgery | Date of surgery | Prior Surgery | Date of surgery |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Family History:

□ None □ Glaucoma □ Diabetes □Eye Turn □ Blindness □ Cancer □ Heart Disease

□Other: _____

**Do you use tobacco**? □No, never □No, former smoker □Yes

If yes, type of tobacco? _____ how often? _____

**Do you use alcohol or recreational drugs**? □Yes, □No

If yes please comment _____ how often? _____

### Please check those things that apply to you today

| **Constitutional** | **Cardiovascular** | **Metabolic/Endocrine** | **Skin** |
|---|---|---|---|
| □Fatigue<br>□Fever<br>□Weight Loss<br>□NONE | □Chest pressure<br>□Calf pain<br>□Leg swelling<br>□NONE | □Cold Intolerance<br>□Heat Intolerance<br>□Severe Thirst<br>□Excessive Hunger<br>□NONE | □Hives<br>□Change in skin color<br>□Skin lesions/sore<br>□NONE |
| **Ear/Nose/Mouth/ Throat** | **Gastrointestinal** | **Neurological** | **Musculoskeletal** |
| □Hearing loss<br>□Sore throat<br>□Ringing Ears<br>□Vertigo<br>□NONE | □Abdominal Pain<br>□Constipation<br>□Diarrhea<br>□Nausea<br>□NONE | □Balance disturbances<br>□Dizziness<br>□Numbness of extremities<br>□NONE | □Joint swelling<br>□Muscle cramping<br>□Muscle weakness<br>□NONE |
| **Respiratory** | **Genitourinary** | **Psychiatric** | **Blood/Lymph** |
| □Asthma<br>□Cough<br>□Shortness of breath<br>□NONE | □Painful urination<br>□Genital lesions<br>□Genital Discharge<br>□NONE | □Emotional changes<br>□Hallucinations<br>□Sleeplessness<br>□NONE | □Bleeding<br>□Tender lymph nodes<br>□NONE |

# VISUAL FUNCTION QUESTIONNAIRE

## *Please Check All That Apply to You*

### Have you been bothered by:

____Blurry vision

____Hazy vision

____Glare

____Poor night vision

____Seeing in poor or dim light

____Halos

____Seeing rings or stars around lights

____Frequent changes in glasses

### Have you noticed difficulty with your vision when you:

____Work at your job

____Manage your home

____Get around in your home

____Watch TV

____Use a computer

____Read newspapers

____Read the telephone book

____Read labels

____Read price tags

____Shop for groceries

____Drive during daylight hours

____Drive during evening/ night hours

____See traffic signs

____Sew or do crafts

____Play golf

____Enjoy recreation or leisure

____Recognize people

____Other_____

Patient's Signature: _____

Date: _____ Reviewed by: _____

# CATARACTS AND YOUR IOL OPTIONS

Medicare and all other insurance companies allow patients to choose from among several new premium lens implants. These new technology lenses, such as the PanOptix and Vivity lenses (corrects vision for all distances: far, computer and up close) and the Toric lens (corrects vision for astigmatism) ARE NOT COVERED BY ANY INSURANCE PLAN, but you still may take advantage of them by paying out of pocket. We will discuss all options during your evaluation.

## Monofocal Lens (Standard)

The traditional lens implant corrects your vision for distance only. Unless you have a significant amount of astigmatism, you will likely be able to see well at distance with minimal reliance on glasses. However, your reading and computer range of vision will most likely be completely blurred and you will need reading glasses. Typically, Medicare and private insurance pays 80% of your surgery with this lens implant. Supplemental insurance may cover a good portion of the rest. There is often a balance related to any unmet deductible that will be collected on the day of surgery.

## Astigmatism Lens (Toric)

The Toric Lens is for patients with astigmatism who would like to be able to see as clearly as possible in the distance (Driving, TV) without relying on glasses. You will still need reading glasses and won't see well for reading or computer without them. This lens is not covered by insurance but you are allowed to pay the difference to upgrade to this technology to have your astigmatism corrected with your intraocular lens.

## Presbyopia Correcting Lens (PanOptix and Vivity)

The Presbyopia Correcting Lens is for those patients who would like less dependence on glasses. They should provide good vision at all ranges for most people. Our experience is that PanOptix may provide better near vision, but may experience mild halos around lights at night. Vivity patients do not experience halos around lights at night, but may not obtain as good near vision. There may still be situations such as reading in dim light, reading small print, or driving where glasses are necessary for both lenses. Medicare and other insurance companies do not cover this lens but do allow you to pay for the upgrade. This can be discussed in detail with your doctor and staff if you are interested.

**Please let us know if you would like to discuss the new technology lenses with your Surgeon.**

__ Yes, I would be interested in learning more about the new technology lenses mentioned above. I understand they are not covered by insurance.

__No, I want just the standard lens that is covered by insurance.