

Pharmacy Name & LOCATION: 	Please list your PRIMARY Dr's: 																
Please list current meds – both RX & OTC, as well as supplements: _____ _____ _____ 	Do you have any allergies to Medications: Y N If yes, please indicate reactions: _____ _____ 																
Height: _____ Weight: _____	Have you ever been diagnosed or treated for any of the following? <table border="0"> <tr> <td><input type="checkbox"/> Cataracts</td> <td><input type="checkbox"/> Eye Injury</td> </tr> <tr> <td><input type="checkbox"/> Glaucoma</td> <td><input type="checkbox"/> Eye Infections</td> </tr> <tr> <td><input type="checkbox"/> Macular Degeneration</td> <td><input type="checkbox"/> Iritis/Uveitis</td> </tr> <tr> <td><input type="checkbox"/> Retinal Detachment</td> <td><input type="checkbox"/> Lazy Eye</td> </tr> <tr> <td><input type="checkbox"/> Blurry Vision</td> <td><input type="checkbox"/> Double Vision</td> </tr> <tr> <td><input type="checkbox"/> Flashes of Light</td> <td><input type="checkbox"/> Floaters/Spots</td> </tr> <tr> <td><input type="checkbox"/> Burning</td> <td><input type="checkbox"/> Corneal Abrasions</td> </tr> <tr> <td><input type="checkbox"/> Headaches</td> <td><input type="checkbox"/> Light Sensitivity</td> </tr> </table>	<input type="checkbox"/> Cataracts	<input type="checkbox"/> Eye Injury	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Eye Infections	<input type="checkbox"/> Macular Degeneration	<input type="checkbox"/> Iritis/Uveitis	<input type="checkbox"/> Retinal Detachment	<input type="checkbox"/> Lazy Eye	<input type="checkbox"/> Blurry Vision	<input type="checkbox"/> Double Vision	<input type="checkbox"/> Flashes of Light	<input type="checkbox"/> Floaters/Spots	<input type="checkbox"/> Burning	<input type="checkbox"/> Corneal Abrasions	<input type="checkbox"/> Headaches	<input type="checkbox"/> Light Sensitivity
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Have you ever been diagnosed or treated for the following health problems? <input type="checkbox"/> Environmental Allergies <input type="checkbox"/> Rheumatoid Osteoarthritis / Arthritis <input type="checkbox"/> Lupus <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Cholesterol <input type="checkbox"/> Crohn's/Colitis <input type="checkbox"/> Ulcer <input type="checkbox"/> Digestive <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Alzheimers <input type="checkbox"/> Parkinsons <input type="checkbox"/> Cerebrovascular <input type="checkbox"/> Unusual weight loss/gain <input type="checkbox"/> STD, Viral herpetic, chlamydia <input type="checkbox"/> Trauma <input type="checkbox"/> Depression/Panic Disorder <input type="checkbox"/> Ear, Nose, Mouth or Throat Infection <input type="checkbox"/> Tinitis <input type="checkbox"/> Anemia <input type="checkbox"/> Large volume blood loss <input type="checkbox"/> Leukemia <input type="checkbox"/> Asthma/Bronchitis/Emphysema <input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin dependent <input type="checkbox"/> Non-Insulin dependent <input type="checkbox"/> Thyroid Dysfunction <input type="checkbox"/> Hormonal Dysfunction <input type="checkbox"/> Eczema/Rosacea/Psoriasis	Is there a <i>family</i> medical history of any of the following? <table border="0"> <tr> <td><input type="checkbox"/> Blindness</td> <td><input type="checkbox"/> Diabetes</td> </tr> <tr> <td><input type="checkbox"/> Cataracts</td> <td><input type="checkbox"/> Glaucoma</td> </tr> <tr> <td><input type="checkbox"/> Corneal Problems</td> <td><input type="checkbox"/> Heart Disease</td> </tr> <tr> <td><input type="checkbox"/> Lazy Eye</td> <td><input type="checkbox"/> Retinal Problems</td> </tr> <tr> <td><input type="checkbox"/> Macular Degeneration</td> <td></td> </tr> </table>	<input type="checkbox"/> Blindness	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Cataracts	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Corneal Problems	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Lazy Eye	<input type="checkbox"/> Retinal Problems	<input type="checkbox"/> Macular Degeneration							
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	Do You..... <input type="checkbox"/> work on a computer? <input type="checkbox"/> spend time outdoors? <input type="checkbox"/> have prescription sun wear? <input type="checkbox"/> wear bifocals? <input type="checkbox"/> wear contact lenses? <input type="checkbox"/> actively participate in sports &/or exercise? <input type="checkbox"/> have interest in Lasik Surgery? <input type="checkbox"/> have trouble seeing at night? <input type="checkbox"/> have trouble seeing to drive in the rain? <input type="checkbox"/> have uncomfortable glasses? <input type="checkbox"/> currently use cigarettes or tobacco products?																

VISUAL FIELDS AND DIGITAL RETINAL IMAGING

Your health is your most precious asset. Early detection is crucial in the diagnosis and treatment of eye diseases. Dr. Brown is proud to offer the latest technologies in Preventative Eye Care, allowing us to properly diagnose and treat disease conditions as early as possible. In addition to the Basic Vision Exam you have scheduled, we very highly recommend these additional tests:

- **DIGITAL RETINAL IMAGING:** Through ocular photography Dr. Brown can produce exceptionally clear, detailed images of the tissues of your eye. This will allow the doctor to evaluate the retina and eye tissues in detail for a range of diseases such as glaucoma, macular degeneration and other retinal defects. Patients with diabetes, high blood pressure, cholesterol problems, macular degeneration, glaucoma and other known retinal diseases are strongly encouraged to receive Digital Retinal Imaging. These images can be emailed to your personal email address and/or sent to your personal physician to have in your health records to compare for diseases that affect your eyes or monitor ocular side effects of medications that treat cholesterol, arthritis and other diseases.
- **COMPUTERIZED VISUAL FIELDS:** This sophisticated computerized instrument allows the doctor to test the optic nerve function and retina. Visual Fields can detect tumors, aneurisms, nerve degenerations, strokes and traumatic brain injuries inside the brain that cannot be seen in any other way possible with the exception of MRI or CAT scan technology. It also tests for glaucoma, diabetic retinopathy, macular degeneration and cataracts.

Dr. Brown wholeheartedly recommends these examinations, especially if you have a history of diabetes, headaches, migraines, flashes or floaters, cancer, or recent changes in vision or a family member who has or had glaucoma, macular degeneration, cancer, or diabetes. The fee for these exams is \$30 for the Visual Fields test, and \$30 for the Digital Imaging. You can combine both for a total of \$50, for a savings of \$10. ***These test are NOT covered by your Vision Insurance. By consenting to these tests you accept the responsibility of paying for this exam.***

INITIAL NEXT TO APPROPRIATE STATEMENT:

___ YES, I would like to ONLY receive the Visual Fields Screening in addition to my Eye Exam - \$30

___ YES, I would like to ONLY receive the Digital Retinal Photo in addition to my Eye Exam - \$30

___ YES, I would like to receive BOTH tests in addition to my Eye Exam - \$50

___ NO, I would NOT like to receive either test at this time