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?

- ☐ Cataracts
- ☐ Glaucoma
- ☐ Macular Degeneration
- ☐ Retinal Detachment
- ☐ Blurry Vision
- ☐ Flashes of Light
- ☐ Burning
- ☐ Headaches
- ☐ Eye Injury
- ☐ Eye Infections
- ☐ Iritis/Uveitis
- ☐ Lazy Eye
- ☐ Double Vision
- ☐ Floaters/Spots
- ☐ Corneal Abrasions
- ☐ Light Sensitivity

Have you ever been diagnosed or treated for the following health problems?

- ☐ Environmental Allergies
- ☐ Rheumatoid Osteoarthritis / Arthritis
- ☐ Lupus
- ☐ Fibromyalgia
- ☐ Muscular Dystrophy
- ☐ Ankylosing Spondylitis
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Stroke
- ☐ Cholesterol
- ☐ Crohn's/Colitis
- ☐ Ulcer
- ☐ Digestive
- ☐ Multiple Sclerosis
- ☐ Epilepsy
- ☐ Alzheimers
- ☐ Parkinsons
- ☐ Cerebrovascular
- ☐ Unusual weight loss/gain
- ☐ STD, Viral herpetic, chlamydia
- ☐ Trauma
- ☐ Depression/Panic Disorder
- ☐ Ear, Nose, Mouth or Throat Infection
- ☐ Tinitis
- ☐ Anemia
- ☐ Large volume blood loss
- ☐ Leukemia
- ☐ Asthma/Bronchitis/Emphysema
- ☐ Diabetes
  - ☐ Insulin dependent
  - ☐ Non-Insulin dependent
- ☐ Thyroid Dysfunction
- ☐ Hormonal Dysfunction
- ☐ Eczema/Rosacea/Psoriasis

Is there a *family* medical history of any of the following?

- ☐ Blindness
- ☐ Cataracts
- ☐ Corneal Problems
- ☐ Lazy Eye
- ☐ Macular Degeneration
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Heart Disease
- ☐ Retinal Problems

Do You.....

- ☐ work on a computer?
- ☐ spend time outdoors?
- ☐ have prescription sun wear?
- ☐ wear bifocals?
- ☐ wear contact lenses?
- ☐ actively participate in sports &/or exercise?
- ☐ have interest in Lasik Surgery?
- ☐ have trouble seeing at night?
- ☐ have trouble seeing to drive in the rain?
- ☐ have uncomfortable glasses?
- ☐ currently use cigarettes or tobacco products?

PLEASE CONTINUE TO THE NEXT PAGE

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 injures 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