

Welcome back to our office. Please take a moment to update your patient file. Thank you!

Name _____ Date _____

NEW Contact Information: Please fill out IF there has been a change in how we contact you.

Address _____ Apartment _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Work Phone _____ Email _____

Reason for your visit today: _____

PLEASE CHECK IF YOU ARE BEING TREATED FOR ANY OF THE FOLLOWING CONDITIONS	PLEASE LIST MEDICATIONS/TREATMENTS FOR EACH CONDITION
_____ General: Weight Loss or Gain, Fever, Fatigue	
_____ Ears/Nose/Throat: Hearing Loss, Sinus Problems	
_____ Respiratory: Shortness of Breath, Asthma, Cough	
_____ High Blood Pressure	
_____ High Cholesterol	
_____ Cardiovascular: Chest Pain, Irregular Heartbeat	
_____ Endocrine: Diabetes, Thyroid	
_____ Neurological: Paralysis, Numbness, Headaches	
_____ Skin: Rash, Eczema, Itching/Burning	
_____ Psychiatric: Depression, Anxiety, Mental Illness	
_____ Digestive: Heartburn, Diarrhea, Reflux, Nausea	
_____ Cancer: Any Type	
_____ Blood: Anemia, Sickle Cell, Easy Bruising	
_____ Urinary: Kidney, Bladder Condition	
_____ Muscles/Bones/Joints	
_____ Allergies	

Additional Medications _____

Please list any changes in your family history:

Last physical (medical) exam _____ Doctor's Name _____

Dilated Exam

A dilated exam allows a more thorough view of the retina and can detect many conditions within the eye that may not be detected during a routine eye exam. Dilation is strongly advised for patients with a history of glaucoma, cataracts, diabetes, high nearsighted corrections, headaches, trauma, or any other conditions that effect the integrity of the retina. Your near vision will be impaired and you will also be light sensitive for approximately 4-6 hours. This procedure is included in the comprehensive exam. There is no additional charge.

_____ **Yes**, I agree to have the dilated exam.

_____ **No**, I decline to have the dilated exam. I am aware of the risks associated with the failure to detect any eye conditions due to the lack of information that could have been obtained by this important procedure.

HD Ultra-Widefield Fundus Imaging Exam

Early detection of eye disease is critical for your eye health. HD-UWF Imaging is an advanced digital retinal examination which improves the ability to view your eye health using a high-resolution wide field picture. Some of the most harmful eye diseases occur in the far periphery of the eye, making them difficult to detect. Symptoms often do not manifest in the early stages, and vision may not be affected until there is significant and unrecoverable damage. This procedure permits Dr. Tu to document, review, and compare your retina images over time, allowing her to detect subtle changes in your eyes. These changes might otherwise go unnoticed and can be the hallmark of early detection. Diseases and conditions that often go unnoticed without an early fundus exam include Diabetic Retinopathy, Macular Degeneration, Glaucoma, Retinal Holes, Retinal Detachments, Tumors and other ocular diseases. No dilation drops are needed for this test.

****The HD-UWF Imaging Examination is an additional charge to the comprehensive exam of \$39. Please note that insurance will not cover the HD-UWF Imaging Exam****

_____ **Yes**, I agree to have my retinal health evaluated with the HD-UWF Imaging Exam.

_____ **No**, I do not wish to have the HD-UWF Imaging Exam.

I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents. I authorize Beyond 20/20 Eyecare to release information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Patient (Or Parent/Guardian of Minor)

Please Print Your Name

Date