

Patient Health History

Patient Name		Date of Birth	
Primary Care Physician		Approximately when was your Last Visit at PCP Office	Reason for Last Visit at PCP Office
Last Eye Doctor		Approximately when was your last eye exam	
If Female: Are you pregnant? Yes No Are you nursing? Yes No			

Review Of Systems	
Please list any current illnesses, symptoms, or problems	
Do you have any of the following:	Fever Fatigue Sudden Weight Loss Sudden Weight Gain
Cardiovascular	
Ears, Nose, Mouth, Throat	
Respiratory / Lungs	
Stomach / Intestines	
Urinary / Reproductive	
Bones / Joints / Muscles	
Skin / Hair / Nails	
Neurological	
Psychiatric	
Endocrine / Hormonal	
Blood / Circulation	
Allergic / Immunologic	
Other	

Diabetic Information							
Type of Test	SMBS: Self Monitoring Blood Sugar test HgbA1c: Hemoglobin A1c test						
	<table border="1"> <tr> <td>Date of Last Recorded Test</td> <td></td> </tr> <tr> <td>Value</td> <td></td> </tr> <tr> <td>Location / Timing</td> <td></td> </tr> </table>	Date of Last Recorded Test		Value		Location / Timing	
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Eye Surgery Information				
Date	Eye	Procedure	Surgeon	Complications

Past / Present Ocular History		
Please list any past or present ocular illnesses, symptoms or problems		Date Diagnosed
Glaucoma		
Cataracts		
Age-Related Macular Degeneration		
Eye Injury		
Retinal Disease		
Other Disease		
Blindness		
Strabismus		
Amblyopia		
Diabetic Retinopathy		
Dry Eye		
Refractive		

Do you work on a computer?		Hours per day	
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Social History	
Do you use recreational drugs? If so, what type?	
Do you drink alcohol? If so, what type do you drink, how much, and how often?	
Are you a smoker, former smoker, or never smoked? If you are a smoker, do you smoke everyday or some days?	
Do you use tobacco? If so, what type, how much, how often, and for how long?	
Occupation	
Hobbies	

Family History		
Please list any family members with these conditions		
MGM (maternal grandmother) MGF (maternal grandfather)	PGM (paternal grandmother) PGF (paternal grandfather)	MGP (maternal grandparents) PGP (paternal grandparents)
Glaucoma		
Cataracts		
Age-Related Macular Degeneration		
Eye Injury		

Family History

Please list any family members with these conditions

MGM (maternal grandmother)
MGF (maternal grandfather)

PGM (paternal grandmother)
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MGP (maternal grandparents)
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Retinal Disease	
Other Disease	
Blindness	
Strabismus	
Amblyopia	
Diabetes	
Cancer	
Hypertension	
Heart Disease	
High Cholesterol	
Kidney Disease	

Medication Allergies

Allergy	Onset Date	Reaction	Severity

Medications

Please list all prescriptions, over the counter and herbal medications

Date	Name	Strength	Directions

Contact Lens History

Type of contact lenses you currently use (gas permeable, soft)		How often do you replace your contacts? (daily, 2 weeks, monthly)	
Average number of hours that you wear your contacts each day	Number of hours worn today	Do you sleep in your contacts?	



Ogletree Eye Care offers a state-of-the-art digital scanning technology that allows us to view the inside of your eye without the use of dilation drops. The OPTOMAP allows us to evaluate your retina for problems such as macular degeneration, retinal holes, retinal detachments, hypertension, melanoma, cancer, and diabetic retinopathy. The OPTOMAP is completely safe for kids and adults and allows you the opportunity to see the inside of your eye just as the doctor sees it.

Dilated Exam

vs.

Optomap Exam

- | | |
|---|---|
| <ol style="list-style-type: none">1. Blurred near vision for 4-6 hours2. Light sensitivity for 4-6 hours3. Longer office visit to wait for drop to take effect (20-25 extra minutes)4. No permanent record of retina5. Only the doctor can see the retina | <ol style="list-style-type: none">1. NO blurred vision2. NO light sensitivity3. Map takes less than 2 minutes to process4. Permanent digital image that can be reviewed/compared each year5. You can see the retina |
|---|---|

Early Detection Is Crucial!

Drs. Ogletree, Visentine, and Green strongly recommend that ALL patients have a thorough examination of their retinas every year. **Without the Optomap or a dilated examination, the doctor cannot fully assess the health of your eye.** Dilation is not recommended if you are pregnant or nursing. There is an additional fee of only \$39 for the OPTOMAP. In most cases, this procedure is not covered by insurance. **Dilation may still be required.**

_____ I elect to have the Optomap (digital image) of my retinas today (\$39 fee).

_____ I prefer a dilated exam of my retinas (no additional fee), and I have been informed of the side effects listed above.

Patient Signature

Date

Patient Privacy Form

Ogletree Eye Care (“OEC”) is required by law under the Health Insurance Portability and Accountability Act (HIPAA) to make every effort to protect the privacy of medical records and health information. By your signing below, you authorize OEC to share relevant information about your care with those family members, representatives/agents, or friends listed below who are assisting you with your eye care, which may include but is not limited to picking up medical forms, prescriptions, glasses, contacts, and/or other medically-related item(s).

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and health care operations. Upon request, we can issue a copy of this policy.

By signing this form, you will consent to our use and disclosure of your protected health information to only carry out treatment, payment activities, and submission of insurance.

1. _____

Name	Relationship	Date
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2. _____

Name	Relationship	Date
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3. _____

Name	Relationship	Date
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Please write “None” in the above fields if you do not wish to share your information.

Patient Printed Name

Date

Patient Signature

Parent/Guardian Signature if Patient is a Minor