

**Please Check All That Apply**

Patient Initials \_\_\_\_\_

**Current Eye Symptoms / Conditions**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Distance Vision Blurred | <input type="checkbox"/> Headaches                 | <input type="checkbox"/> None                   | <input type="checkbox"/> Retinal Detachment             |
| <input type="checkbox"/> Near Vision Blurred     | <input type="checkbox"/> Excess Tearing            | <input type="checkbox"/> Eye Pain / Soreness    | <input type="checkbox"/> Glaucoma / Ocular Hypertension |
| <input type="checkbox"/> Floaters / Spots        | <input type="checkbox"/> Dryness                   | <input type="checkbox"/> Sandy / Gritty Feeling | <input type="checkbox"/> Loss of Side Vision            |
| <input type="checkbox"/> Amblyopia / Lazy Eye    | <input type="checkbox"/> Glare / Light Sensitivity | <input type="checkbox"/> Itching                | <input type="checkbox"/> Macular Degeneration           |
| <input type="checkbox"/> Tired Eyes              | <input type="checkbox"/> Foreign Body Sensation    | <input type="checkbox"/> Redness                | <input type="checkbox"/> Vision Distortions             |
|  |  | <input type="checkbox"/> Mucous Discharge       |   |

Other: \_\_\_\_\_

**Personal History**

None

**Cardiovascular**

- Elevated Cholesterol
- High Blood Pressure
- Stroke
- Congestive Heart Failure

**Head / ENT**

- Migraines
- Sinusitis
- Dizziness / Vertigo
- Chronic Cough

**Endocrine**

- Diabetes
- Thyroid Imbalance
- Gout
- Renal Disease

**Integumentary**

- Acne Rosacea
- Lupus
- Psoriasis

**Hematologic / Lymphatic**

- Leukemia
- Temporal Arteritis
- Lymphatic Disorder
- Sickle Cell Disease

**Respiratory**

- Asthma
- COPD
- Lung Cancer
- Lung Disorder

**Gastrointestinal**

- Cancer: Colon, Liver
- Colitis
- Hepatitis
- Irritable Bowel

**Genitourinary**

- Menopause
- Prostate Cancer
- Cervical Cancer
- Breast Cancer

**Neurological**

- Bell's Palsy
- Multiple Sclerosis
- Parkinson's Disease
- Seizures
- Brain Tumor

**Immunological**

- AIDS
- Sarcoidosis
- Sjogren's Syndrome
- Syphilis
- Tuberculosis

**Mental**

- Alzheimer's
- Bi-Polar Disorder
- Learning Disability
- Depression
- Schizophrenia

**Musculoskeletal**

- Arthritis
- Rheumatoid Arthritis
- Muscular Dystrophy

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**Current Medications**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Current Primary Care Physician \_\_\_\_\_ Last Visit \_\_\_\_\_

Current Specialty Care Physician \_\_\_\_\_ Last Visit \_\_\_\_\_

**Social Habits:**

- |              |                               |                                     |                                   |                                |                                     |  |
|--------------|-------------------------------|-------------------------------------|-----------------------------------|--------------------------------|-------------------------------------|--|
| Alcohol Use  | <input type="checkbox"/> None | <input type="checkbox"/> Infrequent | <input type="checkbox"/> Frequent | <input type="checkbox"/> Daily | <input type="checkbox"/> Dependence | <input type="checkbox"/> Decline to report |
| Tobacco Use  | <input type="checkbox"/> None | <input type="checkbox"/> Infrequent | <input type="checkbox"/> Frequent | <input type="checkbox"/> Daily | <input type="checkbox"/> Dependence | <input type="checkbox"/> Decline to report |
| Narcotic Use | <input type="checkbox"/> None | <input type="checkbox"/> Infrequent | <input type="checkbox"/> Frequent | <input type="checkbox"/> Daily | <input type="checkbox"/> Dependence | <input type="checkbox"/> Decline to report |

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **Southwest Vision Recommends Optical Coherence Tomography**

**It is recommended** by the doctors at Southwest Vision to get a through baseline of your optic nerve and macula at the age of 50, regardless of family history of retinal eye disease.

While we do assess these structures in our routine exam tests, there is a test called the Optical Coherence Tomography (OCT) that is able to view each individual layer in a unique way, similar to an MRI. In many instances we can detect very early macular degeneration and/or glaucoma with this test alone.

If you have a family history for either of these conditions this test will allow you to understand your risk factor more comprehensively, and can be done at any age.

Unfortunately, insurance plans will not cover this test when done as a screening. If we do find something concerning, we can then bill it to insurance. If the results are normal, it will be an expense to you as the patient.

**The cost of this test is \$75.00**

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Please sign here if you would like this test run today at your visit.

## **Acknowledgement of Policies for Privacy Practices**

Federal law requires that Southwest Vision make every effort to inform you of your rights related to your personal health information. By signing below, I acknowledge that I have read or had explained to me Southwest Vision's Notice of Privacy Practice and agree to continue my care with Southwest Vision under said terms. I am signing it voluntarily.

HIPAA requires the patient's prior authorization in order to release medical information to another person. This includes, but is not limited to, medical records, eyeglasses or contact lens prescriptions, receipts or any other documents with personal information.

**Please list any person** or persons you wish to allow access to your medical records and personal information.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

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**Patient / Guardian Signature**

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Date