

Last Name _____ First _____ MI _____
 Date of Birth _____ Age _____ Race _____ SSN (required if using insurance) _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____ Phone (H) _____ (C) _____
 Insured's Last Name _____ First _____ Relationship _____ DOB _____
 AAA/ AARP MEMBER ID# _____
 VISION INSURANCE COMPANY _____ ID# _____
 MEDICAL INSURANCE COMPANY _____ ID# _____

HEALTH INFORMATION (Check All That Apply)

	Self	Family
Diabetes		
Arthritis		
Thyroid		
Cancer		
Hypertension		
Migraines		

	Self	Family
Glaucoma		
Cataracts		
Lazy Eye		
Macular Degeneration		
Sleep Apnea		
Allergies		

	Self	Family
Asthma		
Lung Disease		
Stroke		
Heart Disease		
Intestinal Disease		
HIV		

When was your last eye exam _____ Are you a previous patient with this office? Yes No
 Have you worn contact lenses before? Yes No What brand are you currently in? _____
 What type of exam are you here for today? Eyeglass Contact Lenses Eye Infection Other _____
 What is your occupation and main hobbies _____ Pregnant or Nursing? Yes No
 List any Eye Surgery/Injury/Other Diseases _____
 List Any Drug Allergies: _____
 List Any Medications: _____
 May we contact you as a reminder for your annual eye exam? Yes No

INFORMED CONSENT FOR INTERNAL EYE HEALTH EVALUATION

Dr. Forrest and Associates evaluates the internal retinal health of your eyes with both an Optomap Retinal Exam and a Dilated Pupil Exam. These procedures help detect serious eye conditions such as glaucoma, macular degeneration, retinal detachment, and tumors. Studies have shown that combining both procedures significantly improves the detection of retinal abnormalities. In less than one second the Optomap Retinal Exam captures a digital image of the retina for examination with a quick, painless flash of light. There are no side effects. Some insurance companies do not cover the procedure and an additional charge will apply. The Dilated Pupil Exam allows retinal examination by dilating the pupils with eye drops. The side effects of the drops used to dilate your eyes are light sensitivity, blurred vision and glare for approximately (2-6) two to six hours. Driving is not recommended and done solely at your discretion. If desired, disposable sunglasses will be provided for your comfort. If you decline and reschedule your Dilated Pupil Exam there will be an additional office visit fee. You have one month from the date of you exam to reschedule. In addition, if you decline you understand the potential for vision loss exists.

Accept Dilation Decline Dilation

VISUAL FIELD SCREENING TEST

This test is highly recommended for patients with a history of headaches, high blood pressure, diabetes and stroke. It aids in the early detection of non-symptomatic brain tumors, vascular problems, glaucoma, stroke, and high blood pressure. It is a computerized side vision test that takes about three minutes to complete and is completely painless.

Accept Decline (\$15.00 not covered by insurance)

 PATIENT'S SIGNATURE (OR GUARDIAN)

 DATE