Today's Date:

CONCEPT VISION AND ASSOCIATES, LLC

Patient Information:

Name(last) (first) Age Date of Birth Sex: F

Address City State ZipCode

Phone(home) (cell) Email

Insurance Information: Vision Insurance Member ID#

Primary's Full Name Date of Birth SSN

Today's visit is for: Routine Eye Exam Contact Lens Fitting Red eye/Infection Other **Previous Patient?**

MEDICAL HISTORY

Do **You** have any of the following?

- Diabetes NO
- Glaucoma NO
- Age related macular degeneration NO
- Past eye surgeries NO
- High blood pressure NO
- History of cancer NO
- Cataracts NO
- Strabismus (cross or wall eyed) NO
- Thyroid disease NO
- Are you pregnant or nursing? NO
- List all the eye drops you are taking: NO

Do your **Blood Relatives** have any of the following?

- Glaucoma NO
- Age related macular degeneration NO
- Eye cancers NO

Do you have any allergies to medicines? NO

List:

Do you use computers 1 hour or more a day? NO

Are you interested in trying contact lenses? NO

What is your Occupation/ Hobbies? NO

List:

Are you taking any medication?

List:

DILATION

The Doctor offers the service of placing drops on the eye in order to dilate the pupil at an additional cost of $20. Dilating the pupil allows the Doctor to see areas of the retina (the inner back part of the eye) that cannot be seen any other way. In fact, the vast majority of the retina cannot be seen without dilation. In addition, retinal areas that can be seen without dilation are seen significantly better with dilation. Bottom line, important diseases can and will be missed without dilation. Dilation is especially important in patients with: **Diabetes**

High Myopia
Reduced Vision
Age greater than 50
First Eye Exam Ever
Glaucoma or Family History of Glaucoma
Age Related Macular Degeneration or Family History of Same

The drawbacks to dilation are that it takes 15-20 minutes for the drops to work and about 5 hours to wear off, distance and near vision can be made worse and significant glare can occur once you are back outside in the sun, which can reduce your ability to walk, operate machinery or drive a car. Snug fitting sunglasses will be made available to you at no cost should you elect to have your eyes dilated. We strongly encourage you to have your eyes dilated! A dilated eye exam is a better eye exam!

Please select one of the following:

NO I want my eyes dilated. I am aware of the risks and benefits mentioned above.
NO I do not want my eyes dilated. I am aware that potentially sight threatening diseases might be missed and
NO I waive all liability towards the Doctor and Concept Vision and Associates, LLC for this decision.

I further agree to pay all applicable exam charges. **I understand that payment is due when professional services are rendered and are non-refundable. Any prescription change or change of contact lens brand after 3 months from the initial exam date will require a new exam at the full examination fee.** I agree that I have been given access to Concept Vision and Associates, LLC **Notice of Privacy Practices/ (HIPPA) Policies**.

Patient /Guardian's Signature: _____ Date:

Print Form