

# Welcome Back to Crystal Eyecare

## Returning Patient Information

**Reason for today's visit?**     Glasses     Contacts     Medical    If medical, specify: \_\_\_\_\_

Mr.    Mrs.    Ms.    Dr.   Name \_\_\_\_\_    Nickname \_\_\_\_\_    Date \_\_\_\_\_

Street \_\_\_\_\_    City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Age \_\_\_\_    Sex   M   F    Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Email \_\_\_\_\_

Home Phone \_\_\_\_\_    Work Phone \_\_\_\_\_    Cell Phone \_\_\_\_\_

Preferred method of communication:    Home    Work or    Cell

Please describe your occupation \_\_\_\_\_

Computer use:    Y    N    Hobbies & Sports \_\_\_\_\_

## Health History

Family Dr. \_\_\_\_\_    Family Dr. Phone Number \_\_\_\_\_    Last Physical Exam \_\_\_\_\_

Do you use tobacco products? Y/N    Do you drink alcohol? Y/N    For Women: Pregnant/Nursing? Y/N

If Diabetic: \_\_\_\_\_  
Date Diagnosed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Last Blood Sugar: \_\_\_\_\_ mg/dl    Last Hemoglobin A1C: \_\_\_\_\_ %

Please list ALL medications:	What medications are you allergic to:	Please list any eye surgeries:

## Insurance Information

**Vision Insurance** \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_  
Subscriber's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Patient's Relationship to Insured:  
 self    child    spouse  
**Subscriber's ID** \_\_\_\_\_

**Medical Insurance (Primary)** \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_  
Subscriber's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Patient's Relationship to Insured:  
 self    child    spouse  
**Subscriber's ID** \_\_\_\_\_

## Consent for OPTOMAP

The doctors at Crystal Eyecare strongly recommend a retinal examination, which allows the doctor to view your internal retinal health. The retina is the light sensitive tissue lining the inside of your eyes.

We are concerned about retinal problems including macular degeneration, glaucoma, retinal holes or detachments, tumors and systemic diseases such as diabetes, stroke and high blood pressure. These conditions can lead to serious health problems including partial loss of vision or blindness, and often develop without warning and progress with no symptoms.

The Optomap provides an annual eye wellness scan of the retina, replacing dilation for most patients. It is fast, easy and comfortable and does NOT require dilating drops.

Because Crystal Eyecare advises ALL of our patients to have an Optomap exam, we will perform the Optomap Retinal Examination as an enhanced service for an additional fee of only **\$39.00** for both eyes.

**YES: By signing below I have elected to have the Optomap imaging.**

Patient Signature \_\_\_\_\_    Date \_\_\_\_\_

**NO: By signing below I have elected NOT to have Optomap imaging or dilation performed today against the recommendation of my Doctor.**

Patient Signature \_\_\_\_\_    Date \_\_\_\_\_