



PATIENT INTAKE FORM

Today's Date _____

Name: _____

Date of Birth: _____

Preferred Name / Nickname: _____

Main reason for visit today _____

Are you a diabetic? Yes / No

Contact Lenses? wear them now / used to wear / want to try / not interested

Are you currently pregnant or nursing? Yes / No

Dilating drops are used to enlarge the pupil view all the structures of the internal eye. The frequency of dilation that is needed depends on age, risk factors, and current symptoms. The drops may cause blurred vision and light sensitivity for 4-6 hours.

Most patients are able to drive after dilation as it mostly affects near vision.

Dilation is included in your exam at no additional charge.

If you are **unable or decline** to be dilated at today's visit please sign below

Signature: _____

We offer Optos retinal imaging at our office. The copay for this screening test is \$32. This is HIGHLY recommended for patients who are opting out of dilation, but it is also an excellent supplement to a dilated exam. The doctor will review your photos with you during the exam.

I would like an Optomap scan today (\$32 copay)

I decline the optomap scan