

Information Update

Name _____

D.O.B. _____ Pharmacy/Location _____

Have there been any changes in your medical history in the last year?
If yes, please list.
None

Have there been any changes in your family medical history?
None

Medications can affect your vision. Please list **ALL** medications
including eye drops, hormones, and over the counter medications,
vitamins and supplements
None

Please list all medication allergies.
None

Tobacco Use?

Never Former Smoker Smokeless Tobacco
Current Smoker Packs per Day _____

Alcohol Use?

None Social use only 1-2 drinks daily
Above average use Alcohol dependence

Have there been any changes
in address, phone #, etc.
None

Primary Care Doctor:

Phone # to reach you
during business hours.

May we text you appointment reminders?
Yes No

Cell #

E-mail address

Are you wearing contacts?

Yes No

The information I have given today is correct to the best of my knowledge. I understand that this information will be held in the strictest of confidence and it is my responsibility to inform this office of changes in my medical status. I authorize the Doctor/Staff to perform any necessary services, such as dilation, that may be needed during diagnosis and treatment with my informed consent.

Signature _____

Date _____



At **Drs. Coulter, McRoy & Associates, PC**, we pride ourselves on providing you with the best possible standard of care. Because of this we offer the Optomap® retinal exam. This non-invasive imaging test allows the doctor to see a much more detailed view of the retina than with traditional methods. The image becomes a permanent part of your medical file allowing the doctor to make important comparisons year over year. In many cases there will not be a need to dilate after this process. If the doctor determines that there is a need for dilation and/or more detailed retinal view, this will be discussed during your exam.

These images will help see early signs of many ocular conditions and systemic diseases such as:

- Glaucoma
- Age related macular degeneration
- High blood pressure
- Diabetes
- Retinal holes or detachments

The \$29.00 fee for this procedure is a service that is not covered by insurance. Any questions you have about the Optomap® Retinal Exam can be directed to your doctor during your examination. The doctor strongly believes that either traditional dilation OR the Optomap® Retinal Exam is an essential part of your comprehensive eye health exam and recommends it for all patients once per year.

YES: I understand the importance of having the OPTOMAP Retinal Exam and would like to have it performed (\$29 fee).

NO: I elect to have my eyes dilated (no additional charge). I understand that it will cause light sensitivity and may blur my vision for about 2-4 hours. Also, I should not operate heavy equipment or drive an automobile until I feel safe to accomplish these tasks. Any lasting affects such as redness and swelling or ocular pain should be reported as soon as possible.

Patient signature: _____ date: _____