

Welcome to Preston Eye Center

Please take a moment to fill out this profile to help us meet your eye care needs

Name: _____ D.O.B. _____
If child, Parent's Name _____ Today's Date: _____
Address: _____ Apt. _____ City: _____ Zip: _____
Home Phone: _____ Cell: _____ Work Phone: _____
Email: _____
Employer/Occupation _____ Insurance _____
Policy Number _____ Policy Holder _____
Last Eye Exam _____ Family Care Physician _____
How did you hear about us _____

Purpose of Visit (circle): **GLASSES CONTACTS BOTH OTHER**

**** Please **CIRCLE** if any of the following conditions applies to you or your immediate family. Please indicate (self) or (family) if circled. ****

Diabetes	High Blood Pressure	Heart Problems	Lazy Eye	Head/Eye Injury
Respiratory Dz	Glaucoma	Double Vision	Eye Surgery	Headache

Please list any medication you are currently taking _____

Are you allergic to any medications _____

Visual Field and Retina Photo (Please circle)

VISUAL FIELD / RETINA PHOTO – A highly advanced computerized instruments provide a more thorough testing. *Visual Field analyzer* can check for loss of sight in both the central and peripheral areas. Visual field testing can assist us in early detection of glaucoma, retinal problems, and some neurological diseases such as brain tumor, etc. *Retina photo* can document the health progress of your retina and optic nerve over years. . If it is determined to be medically necessary by the doctor, your **medical insurance will cover** these tests.

DILATED EXAMINATION - This allows a more thorough view of the retina. A dilated examination can detect many conditions within the eye that may not be detected during a routine eye examination such as glaucoma, diabetic and hypertensive retinopathy, cataract. Dilation is strongly recommended for all patients.

___ **NO - I declined to have the dilated exam**

___ **YES - I would like to have the dilated exam**

Our office provides a thorough comprehensive eye examination by monitor glaucoma, cataracts, macular degeneration and other disorders. Since these conditions can change within a year, we like to see you **annually** for continuous patient care. We make it easy by making your pre-appointment for you. We will even call you a month in advance to remind you. Please let our front desk know if you are not comfortable with the pre-appointment. **By signing below, I acknowledge that I have received and understood Preston Eye Center's Privacy Notice.**

Patient's Signature or Patient's Legal Representative _____