issaquah eyeworks

Annual Update

Name: _____ Date of Birth: _____

Employer:_____Occupation:_____

Primary Care Physician:_____Preferred Pharmacy: _____

Do you have any concerns to discuss with the Doctor?_____

_____

GENERAL VISION QUESTIONNAIRE (With Correction)

Do you experience blurriness, headaches or eyestrain with DISTANCE VISION? □Yes □No
Do you experience blurriness, headaches or eyestrain with READING VISION? □Yes □No
Do you experience blurriness, headaches or eyestrain with COMPUTER USE? □Yes □No
Are you interested in laser (refractive) surgery to correct your vision? □Yes □No
□I have questions about refractive surgery

EYE HEALTH HISTORY

□ Dry Eyes	□ Infection of Eye/Lid	□ Drooping Eyelids
□ Tearing/Watering Eyes	□ Mucus/Discharge	□ Headaches
□ Burning Eyes	□ Redness	□ New Floaters/Spots
□ Itchy Feeling	□ Glare/Light Sensitivity	□ Fluctuating Vision

MEDICAL HISTORY

Do you use Tobacco Products? □ Yes □ No □ If yes, type/amount/how long? _____

Changes to your medical history or medications since your last visit: _____

_____

Please list all current medications: _____

_____

CONTACT LENS WEARERS

Contact lenses are medical devices and therefore require an annual exam to obtain or renew your prescription for one year. This exam includes computerized corneal topography and evaluates which lenses provide optimal comfort, vision, and eye health. The fee ranges from $55 and up and is based on each individual's needs.

Do you wish to have a contact lens exam today?

□Yes □No, I do not wish to have a current contact lens prescription

Are your contacts comfortable? □Yes □No

Do you have any concerns about your current contacts? If so, what? _____

Please turn this form over and complete side two

***To examine the health of your eyes, the Doctor will need to do DIGITAL RETINAL IMAGING or DILATION. Please indicate your choice below.**

DIGITAL RETINAL IMAGING

As part of your routine comprehensive exam, our doctors recommend Digital Retinal Imaging (DRI) which involves capturing a high resolution digital image of the interior of your eye through retinal photography and optical coherence tomography (OCT). Both procedures (4 scans in total) are the gold standard for preventative care and disease management.

The Daytona Optos provides a 200 degree field of view and can help identify the presence of retinal lesions, such as holes, tears, or detachments, which can be present *without* any signs or symptoms, and can cause permanent vision loss. This device offers a second screening called auto fluorescence, which allows the doctor to find many diseases (such as macular degeneration, nerve drusen, diabetic retinopathy) **BEFORE they appear in a normal dilated exam**.

The Zeiss OCT is another non-invasive imaging test that uses light waves to take cross-sectional pictures of your retina, the light-sensitive tissue lining the back of the eye. These measurements help with early detection of macular and optic nerve conditions again **BEFORE they appear in a normal dilated exam.**

The $39.00 fee for DRI is not covered by insurance.

You may decline DRI, and choose dilation at no extra charge**.** Dilation may result in blurred vision, especially for reading and light sensitivity that may last anywhere from 3-24 hours.

PLEASE INDICATE YOUR CHOICE:

☐ Digital Retinal Imaging ☐ Dilation

Under certain circumstances the doctor may recommend BOTH dilation and DRI.

PRIVACY POLICY

In the course of providing service to you, we create, receive and store health information that identifies you. We use and disclose your health information for treatment, payment, or health care operations. The Notice of Privacy Practices describes these uses and disclosures in detail**. I acknowledge that I have read and/or received a copy of the Notice of Privacy Practices from Issaquah Eyeworks.**

SIGNATURE:_____ **DATE:**_____

FINANCIAL DISCLAIMER / LIABILITY

As a courtesy, we attempt to verify your insurance plan for services and/or materials prior to your appointment. Eligibility and insurance benefits are based on quotes from your insurance company and are not guarantees of payment. Your insurance carrier will determine final insurance benefits after claims are submitted. You are responsible for verifying your insurance eligibility and benefits before your appointment.

I understand all account balances and copayments are due at the time of service and I am responsible for all balances after insurance processing. There will be a $25.00 service charge for any returned checks. For any outstanding balance that requires a second statement, a finance fee of 1.5% along with a $15.00 late fee will be assessed. I authorize Issaquah Eyeworks to release any information necessary for insurance processing and authorize my medical or vision carrier to pay Issaquah Eyeworks directly.

SIGNATURE:____ **DATE:**______________________________