Medical History Form

Employer: _____ Position: _____

Primary Care Physician: _____

List any medications you currently take (Rx and over-the-counter): _____

_____

List all eye drops you currently use: _____

Are you allergic to any medications? **YES** **NO** If so, please list: _____

Please list *all* previous surgeries or major injuries: _____

Family Medical History (Please indicate relationship)

☐ Blindness	_____	☐ Retinal Problems	_____
☐ Cataracts	_____	☐ Lazy Eye	_____
☐ Corneal Problems	_____	☐ Dyslexia	_____
☐ Macular Degeneration	_____	☐ Diabetes	_____
☐ Glaucoma	_____	☐ Heart Disease	_____

Personal Medical History Do you currently have, or have you recently had any of the following?

Constitution:	□ Fever □ Weight loss □ Weight gain	Gastrointestinal:	□ Heartburn □ Diarrhea
Skin:	□ Acne □ Rash □ Cancer	Cardiovascular:	□ Cholesterol □ High blood pressure □ Heart Disease
Eyes:	□ Diabetic Retinopathy □ Glaucoma □ Macular Degeneration	Genitourinary:	□ Kidney Stones
Neurological:	□ Headache □ Multiple sclerosis	Musculoskeletal:	□ Arthritis □ Joint Pain
Endocrine:	□ Diabetes □ Thyroid	Lymphatic and Hematologic:	□ Bleeding problems □ Swollen lymph nodes
Ears, Nose, Mouth:	□ Allergies □ Hearing loss □ Sinus congestion □ Cough	Immunologic:	□ Immune Deficient
Respiratory:	□ Asthma □ Bronchitis/emphysema	Psychiatric:	□ ADD/ADHD □ Anxiety □Depression

Pregnant? _____ Nursing? _____ Use tobacco products? _____ Drink alcohol? _____

Have you noticed any changes in your distance or reading vision since your last exam? _____

If you wear contact lenses, how many hours per day? _____

How often do you put in a new pair? _____ What solution do you use? _____

Contact Lens Evaluations

Contact lens patients require additional testing which is not included in a routine eye exam. **Even if you already wear contact lenses, an evaluation is necessary every year in order to renew your prescription.** This is to ensure that your contact lenses are still properly fitting, and providing you with the highest quality of vision, health, and comfort.

There is an additional fee for this service (over and above the fee for a routine eye exam), which varies depending on a number of factors, including the complexity of the prescription, and the need for follow up visits. This service can only be provided in conjunction with your annual exam, and cannot be done separately.

Most insurance companies, including vision plans, do not cover contact lens evaluations. Payment of the contact lens exam is due at the time of service. Contact lens prescriptions expire yearly, and renewals are not allowed after **1 year** without an examination, per Georgia state law.

Please initial one selection

_____ Yes, I want a contact lens evaluation _____ No, I do not want a contact lens evaluation.

Pupil Dilation

During your examination, it is often necessary to dilate your pupils. This allows for a more thorough examination of the health of the inside of your eye. The difference is similar to looking into a room with the door wide open versus through a door only partially open.

We recommend dilation to all new patients. **Annual** dilation is recommended for all patients over the age of 60, all patients who have high-risk conditions (such as diabetes or cataracts), and patients with high prescriptions (above -6.00). Otherwise, dilation is recommended every two years. To dilate the pupils, eye drops must be administered. Once your pupils are dilated, you may experience blurred vision, especially in your near vision range, and your eyes will be more sensitive to the light. These symptoms may last about 3-5 hours. If you do not have sunglasses with you today, we will provide you with a disposable pair before you leave.

Please initial one selection

____ Yes, I understand the side effects and health benefits of dilation, and I consent to having my pupils dilated by the doctor.

_____ No, I understand the benefits of dilation, and the risks associated with declining this procedure, and I do not consent to having my pupils dilated by the doctor.

Retinal Screening Photos

Dr. Bennett recommends a retinal screening photo with your **dilated** eye examination. These photos of the back of your eye provide a visual record of the inside of the eye. This can be helpful in detecting subtle changes over time due to diseases like glaucoma, macular degeneration, and diabetes. Dr. Bennett feels this is an important part of a comprehensive examination for all ages and should be done at least every other year. This fee for this procedure is $39, and will not be covered by your insurance. After the pictures are taken, Dr. Bennett will show you the images and explain all findings.

Please initial one selection

_____ YES, I want this procedure _____ NO, I do not want this procedure

Print name:_____ Date of birth: _____ Date of exam: _____