FRISCO IN FOCUS
OUR FOCUS IS YOUR EYES

Wellness Screening Scan and Dilation

Vision-threatening diseases such as glaucoma, age-related macular degeneration, diabetic retinopathy, retinal tears or retinal detachments, and ocular tumors often have no outward signs or symptoms in the early stages, so our practice has begun using state-of-the-art technology to assess the health of your eyes.

Your doctor recommends a Wellness Screening Scan on all patients. This screening technology

***Is a quick, non-invasive scan that allows our doctor to document the inside of the back of your eye and screen for early signs of macular degeneration and glaucoma**
***Involves No Blur, No Dilation, No Light Sensitivity, No Stinging Drops**
***Provides a permanent record to compare and track eye disease**

In addition, I understand that patients with diabetes and certain medical eye complaints must be dilated at each medical visit. Dilation gives a wider view of the anterior portion of the eye and gives the best view of cataracts and retinal holes/detachments. Dilation drops will cause light sensitivity and difficulty reading up close for 3-5 hours. Your doctor will discuss if this is necessary in addition to the wellness screening at this visit.

*******I understand the $39 wellness screening copay is not covered by my vision or medical insurance and will be added into the cost of my visit today. *******

Patient's Printed Name: _____ Date:_____

ACCEPT $39 screening _____ or DECLINE _____

Patient or Parent's Signature Patient or Parent's Signature

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. **Contact lens wearers** – A contact lens and corneal health evaluation is required annually to renew a contact lens prescription. Do you plan to continue contact lens wear and need your contact lens prescription renewed this year? **Yes / No**

2. **Non-contact lens wearers**- Are you interested in learning about contact lens options? **Yes / No**

3. **All Patients**- Do you need to meet with an optician to order your glasses and/or contact lenses today? **Yes / No**

Medical History
Review of Systems Form

Date:_____ Name:_____ Date of Birth:_____

Address:_____Email Address:_____

Occupation: _____ Phone: _____ Primary Care Doctor:_____

Medical Ins Co_____ Member Name _____Member DOB_____Member ID # _____

Do you currently have:

Constitution:
- ◯ Developmental Disability
- ◯ Cancer
- ◯ Fatigue Syndrome

Ears, Nose, Throat:
- ◯ Hearing Loss
- ◯ Sinusitis
- ◯ Dry Mouth

Neurological:
- ◯ Multiple Sclerosis
- ◯ Epilepsy
- ◯ Tumor
- ◯ Migraine

Psychiatric:
- ◯ Anxiety
- ◯ Depression
- ◯ Attention Deficit
- ◯ Bipolar Disorder

Cardiovascular:
- ◯ Hypertension
- ◯ Stroke
- ◯ Heart Disease

Respiratory:
- ◯ Asthma
- ◯ Bronchitis
- ◯ Sleep Apnea

Gastrointestinal:
- ◯ Crohn's
- ◯ Ulcerative Colitis
- ◯ Ulcer
- ◯ Acid Reflux

Genitourinary:
- ◯ Kidney Disease
- ◯ Prostate Disease/Cancer
- ◯ Pregnant
- ◯ Nursing
- ◯ STD

Musculoskeletal:
- ◯ Arthritis
- ◯ Fibromyalgia
- ◯ Ankylosing Spondylitis
- ◯ Osteoporosis

Skin:
- ◯ Eczema
- ◯ Psoriasis
- ◯ Rosacea
- ◯ Cold Sores
- ◯ Shingles

Endocrine:
- ◯ Diabetes Type 1
- ◯ Diabetes Type 2
- ◯ Thyroid Dysfunction

Hematology/Lymph:
- ◯ Anemia
- ◯ High Cholesterol
- ◯ Other_____

Allergic/Immunologic:
- ◯ Lupus
- ◯ Sjogren's Syndrome

Ocular:
- ◯ LASIK Surgery: year_____
- ◯ Cataract Surgery: year_____
- ◯ Strabismus
- ◯ Other_____

Tobacco use: Yes /No/Former _____/Day

Alcohol use: Yes/No _____Per Day / Week / Month

Current Medications (including vitamins):

Allergies to Medications:

Family History:

Please specify WHO in your Family (Father, Mother, Sister, Brother, Son, Daughter) has these conditions:

◯ Diabetes Type 1	**Family Member:**	◯ Cataracts	**Family Member:**
◯ Diabetes Type 2	**Family Member:**	◯ Glaucoma	**Family Member:**
◯ High Blood Pressure	**Family Member:**	◯ Macular Degeneration	**Family Member:**
◯ Cancer	**Family Member:**	◯ Retinal Detachment	**Family Member:**
◯ Hyperthyroidism	**Family Member:**	◯ Diabetic Eye Disease	**Family Member:**
◯ Hypothyroidism	**Family Member:**	◯ Other	**Family Member:**