

To Our New Patient:

First, let me welcome you to this practice. We are delighted you have decided to join us. Our suite has been an optometry practice since 1964, when the first owner moved into this building. I am the third owner, having bought the practice in September 2005. The thrust of this practice has always been to provide very personalized, patient and thorough eye care and I am doing my best to continue and to expand upon this tradition. If you are tired of being treated as a number by doctors whose offices are like factories, then you have come to the right place.

Paperwork. Enclosed is the health form for you to fill out. Please bring it to your appointment. This form helps me understand your entire medical situation, as the health of your eyes is so intimately connected to the health of the rest of your body. **If you are having vision problems at the computer, or eye discomfort at the computer, please measure the distance from your eyes to the computer screen, and the distance from your eyes to paperwork, and record these measurements on the form.**

Eyeglasses. **Please bring your glasses that give you the best vision.**

Contact Lenses. **If you wear contact lenses and are happy with the comfort or vision, please wear them to the appointment and bring any packaging or a written contact lens prescription.** If you wear contact lenses or if you would like to be fit into contact lenses, there will be an additional fee. The contact lens fee will depend on your situation. The fee is low if your contact lenses work well, but it will be larger if we will be fitting you into a new lens. Feel free to ask the doctor at your appointment for an estimate of the contact lens fee. Sometimes we can use your vision plan allowance for the contact lens fee. Patients sometimes ask why we charge a contact lens fee. The reason for this is that we must perform additional tests and spend more time with contact lens wearers (including possible follow-up visits) to assure that the lenses fit well, provide the best possible vision, and are not harmful to the eyes in any way. It is typical for most eye doctors to charge a contact lens fee for time spent evaluating patients' contact lenses.

Pupillary dilation. We often consider it important to dilate our patients' pupils. This allows us to check the health of the structures inside of the eyes with more accuracy. Dilation affects different people differently. If we advise that dilation be performed, we will review with you how your vision is likely to be affected. Possible side effects **may** include blur and light sensitivity for 3 to 6 hours. We will provide disposable sunglasses if you don't have your own. Many patients can drive and function well after dilation but some cannot. If you are concerned about driving after being dilated, you may bring a driver to the exam. **If we are examining contact lenses at your first visit, then we will likely postpone the dilation to another day.**

Vision Plans and Health Insurance. If you have routine complaints (having to do with glasses and contact lenses) or need a routine periodic exam, we will use your vision plan, if we are in that network. If you have a health complaint (for example an eye infection, flashes and floaters, discomfort), we will use your health insurance, if we are in that network. If it becomes necessary to do a more medical-type exam because of significant problems discovered during the exam, we may need to bill your health insurance and not your vision plan.

Location and Parking. Our office is located in the nine-story white building across the street from Paseo Mall, on the northeast corner of Colorado and Garfield. **Please use the parking lot in back of our building, on Union. Parking is in a four-story white structure at 330 E Union Street, Pasadena.** It can be helpful to set your GPS to that address. We will validate your parking ticket. **In general, it is best to park in the structure and not on the street, as sometimes exams run longer than expected, and we don't want you to get ticketed.**

I am looking forward to meeting you at your exam!

Sincerely,
Andrew Gore, O.D.

Name		Today's date	
Home Address		City	State Zip
Birthdate	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.
Home phone	Work phone	Cell phone	
Occupation	Employer	Hobbies	Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse		Person Responsible for Billing if not patient	
Emergency contact – name and phone number		Who referred you to our office or how did you hear about us?	
If you have any family members who are Due for an eye exam, you may list them:		EMAIL ADDRESS (Helpful for recalls or if the doctor needs to contact you)	

MEDICATIONS (pills, eyedrops, vitamins, minerals, herbal supplements, injections)	MEDICINES YOU ARE ALLERGIC TO

THE PURPOSE OF YOUR VISIT TODAY IS (please describe as needed)	
ROUTINE VISION ISSUES: <input type="checkbox"/> Blur/Need new glasses <input type="checkbox"/> Problem with glasses <input type="checkbox"/> Hard to see streetsigns <input type="checkbox"/> Hard to read fine print <input type="checkbox"/> Problems at the computer. PLEASE MEASURE: distance from eyes to screen _____ distance from eyes to paperwork _____ <input type="checkbox"/> Need contact lenses <input type="checkbox"/> Problem w/contact lenses	EYE HEALTH ISSUES: <input type="checkbox"/> Eye discomfort/pain <input type="checkbox"/> Seeing flashes <input type="checkbox"/> Seeing floaters <input type="checkbox"/> Double vision <input type="checkbox"/> Glare <input type="checkbox"/> Light sensitivity <input type="checkbox"/> Other eye concerns you are having:

YOUR EYE HISTORY	
Month/Year of last eye exam	Name of eye doctor and city
If you have had any eye or head injury , when, which eye(s) and how did it occur?	List any eye surgeries and year performed
Have you ever been told you have any eye disease or other eye condition ?	
<input type="checkbox"/> Cataracts <input type="checkbox"/> Macular degeneration <input type="checkbox"/> Corneal ulcer <input type="checkbox"/> Strabismus/crossed eyes <input type="checkbox"/> Dry eyes <input type="checkbox"/> Amblyopia (lazy eye)	<input type="checkbox"/> Glaucoma <input type="checkbox"/> Retinal detachment <input type="checkbox"/> Eye infections <input type="checkbox"/> Iritis/uveitis <input type="checkbox"/> Loss of vision <input type="checkbox"/> Loss of side vision <input type="checkbox"/> Other:

If you wear CONTACT LENSES, do you wear <input type="checkbox"/> soft <input type="checkbox"/> rigid gas permeable			
	Contact Lens Brand Name	Power	Base Curve
Right			
Left			

