ANDREW GORE, O.D. 301 EAST COLORADO BLVD. STE 528 PASADENA, CA 91101

(626) 796-5533 • www.andrewgoreod.com

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.

<u>Paperwork</u>. 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.**

Eveglasses. 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.

<u>Pupillary dilation</u>. 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.

<u>Vision Plans and Health Insurance</u>. 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.

ANDREW GORE, O.D. • 301 E. COLORADO BLVD #528 • PASADENA, CA 91101 • (626) 796-5533

Name			Toda	Today's date						
Home Address		City			State)	Zip			
Birthdate		Age		Male	Social					
		7.90		Female	Security No.					
Home phone					Cell phone					
Occupation	pation Employer			Hobbies			Do you drive? □Yes □No			
Please list □Parent				Person Responsible for Billing if not patient						
□Guardian □Spouse					affica					
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				EMAIL ADDRESS (Helpful						
	Due for an eye exam, you may list them:			for recalls or if the doctor						
Buo for all o	yo oxam, you may m			needs to contact you)						
MEDICATIONS (pills, eyedrops, vitamins, minerals, herbal supplements, injections) MEDICINES YOU ARE										
MEDICATIO	INS (pills, eyearops	s, vitamins, mir	nerais, nei	erbal supplements, injections)			MEDICINES YOU ARE			
							ALLERGIC TO			
						•				
THE PURPOSE OF YOUR VISIT TODAY IS (please describe as needed)										
ROUTINE VISION ISSUES: EYE HEALTH ISSUES:										
	ed new glasses		☐ Eye discomfort/pain							
	n with glasses	☐ Seeing flashes								
☐ Hard to see streetsigns				☐ Seeing floaters						
	read fine print		□ Double vision							
	ns at the computer.	☐ Glare								
	E MEASURE:	☐ Light sensitivity								
distance	e from eyes to screei	☐ Other eye concerns you are having:								
	distance from eyes to paperwork									
	ontact lenses									
□ Problem w/contact lenses										
YOUR EYE										
Month/Year	of last eye exam	Name of eye doctor and city								
If you have had any eye or head injury, when, List any eye surgeries and year performed										
which eye(s) and how did it occur?										
Have you ever been told you have any eye disease or other eye condition?										
☐ Cataracts	s □ Mad	☐ Glaucoma		Retinal detachment						
☐ Corneal ulcer ☐ Strabismus/crossed eyes				□ Eye infect	ions [☐ Iritis/uveitis				
□ Dry eyes	i □ Aml	☐ Loss of vis	sion [☐ Loss of side vision						
□ Other:										
If you wear CONTACT LENSES, do you wear □ soft □ rigid gas permeable										
,	Contact Lens B			Power		Base	Curv	e		
Right										
Left										

		a BLOOD RELATIVE have any of these diseases:							
☐ Macular degeneration. Who?		☐ Blindness. Who?							
☐ Glaucoma. Who?		☐ Other family eye diseases. Describe:							
☐ Retinal detachment. Who?		□ Diabetes. Who?							
	VOUD CENEDA	AL LICAL TILLIICTORY							
YOUR GENERAL HEALTH HISTORY Many patients wonder why we ask for all this information. Many of these problems are sometimes									
associated with various eye diseases. Also, insurance companies require us to ask these questions.									
		Gastrointestinal Conditions							
Do you smoke ? Do you drink alcohol ?	Circle yes / no Circle yes / no	<u>additionational conditions</u>							
Do you use illegal drugs?	Circle yes / no								
,	, , , , , , , , , , , , , , , , , , , ,	Genitourinary Conditions							
Date of Last PHYSICAL		<u>admidumary denument</u>							
Physician's Name and City									
•		Immune Conditions							
Major Surgeries on your BODY	When?	☐ Sjogren's syndrome☐ HIV. Year of diagnosis							
		Latest T cell count							
		☐ Other:							
		Infectious Diseases							
Recent Hospitalizations	<u>When</u>	☐ Hepatitis type Syphilis ☐ Syphilis							
		☐ Other:							
Purpose									
Purpose		Musculoskeletal Conditions							
- u.poso		☐ Osteoarthritis ☐ Rheumatoid arthritis							
Pregnancy		 ☐ Psoriatic arthritis ☐ Gout ☐ Myasthenia gravis 							
☐ I am pregnant now ☐ I am	nursing now	 ☐ Reiter's syndrome ☐ Myasthenia gravis ☐ Other: 							
Blood Conditions		_ ,							
Blood Conditions		Neurological/Psychiatric Conditions							
Cancer		☐ Headaches ☐ Migraines							
Type, location, when diagnosed and	how treated:	□ Depression□ Multiple Sclerosis□ TIA (pre-stroke). When?							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Stroke. When, and did it affect your vision							
Cardiovascular/Vascular Conditio	ns								
☐ High blood pressure		☐ Other:							
Control is good/bad (circle)									
☐ High Cholesterol☐ Heart attack. When		Respiratory Conditions							
Other:		☐ Seasonal allergy☐ Dry throat/mouth☐ Other:							
_									
Constitutional Problems		Skin Conditions							
☐ Weight loss/gain, fever, lower e	nergy level	□ Rosacea							
□ Other:		☐ Skin cancer. Type and location:							
<u>Ears</u>		□ Other:							
☐ Decreased hearing ☐ Other	er:	Other Conditions Not Listed Above							
F. J		Other Conditions Not Listed Above:							
Endocrine Conditions ☐ Diabetes Type Circle: I / II / Gestational									
☐ Diabetes Type Circle: I / II Year of diagnosis		Designation Designation 1991							
Average blood sugar		Reviewed by Doc Date Color Pen							
Most recent hemoglobin A1C									
Vision fluctuates after food? Cir									
☐ Thyroid problem ☐ Othe	er:								