



**1. Demographics**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Date Of Birth \_\_\_\_\_ SSN \_\_\_\_\_  Male  Female

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital Status  Single  Married  Other

How did you hear about us? \_\_\_\_\_ What is your occupation? \_\_\_\_\_

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**2. Insurance Information**

**Vision insurance:** Insurance company name \_\_\_\_\_

Policy holder name \_\_\_\_\_ Policy holder date of birth \_\_\_\_\_

Relationship of policy holder:  spouse  child  self

Policy number \_\_\_\_\_ Policy holder SSN \_\_\_\_\_

**Medical Insurance:** Insurance company name \_\_\_\_\_

Policy holder name \_\_\_\_\_ Policy holder date of birth \_\_\_\_\_

Relationship of policy holder:  spouse  child  self

Policy number \_\_\_\_\_ Policy holder SSN \_\_\_\_\_

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**3. Reason For Visit**

Please tell us why you're coming to see us? \_\_\_\_\_

If another provider sent you to us, who? \_\_\_\_\_

#### 4. Eye History

When was your last eye exam? \_\_\_\_\_

Have you ever had any eye injuries, surgeries for your eyes, or been diagnosed with an eye disease?

- Glaucoma       Retinal Degeneration       Age-related Macular Degeneration  
 Cataract       Amblyopia (lazy eye)       Refractive Surgery  
 Strabismus       Keratoconus       Injury \_\_\_\_\_

Do you wear glasses?  Yes  No      How old are your glasses? \_\_\_\_\_

Do you wear contact lenses?  Yes  No      What brand? \_\_\_\_\_

What is your contact lens prescription for the right eye? \_\_\_\_\_

What is your contact lens prescription for the left eye? \_\_\_\_\_

Do you sleep in your contact lenses?  Yes  No

How often do you start a new pair of lenses?  Daily       Monthly       biweekly       Other

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#### 5. Medical History

Do you have any of the following?

- Hypertension       Cancer       Thyroid       Other \_\_\_\_\_

Do you have diabetes?  Yes  No      If yes, please answer the following questions:

How long have you had diabetes? \_\_\_\_\_

What physician is treating your diabetes? \_\_\_\_\_

How frequently do you see your physician for diabetes care? \_\_\_\_\_

What was your last hemoglobin A1c reading? \_\_\_\_\_

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#### 6. Family Medical History

Does anyone in your family have any of the following medical conditions?

- Hypertension       Cancer       Thyroid       Diabetes       Heart disease       Other

**7. Social History**

Do you drink alcohol?  Yes  No If yes, how often do you drink alcohol? \_\_\_\_\_

Do you currently or have you ever smoked tobacco products?

Current smoker  Never smoker  Former smoker

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**8. Medications and Allergies**

Do you take any prescription or non-prescription medications?  Yes  No

If yes, what is the name of the medication?

How often do you take it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What pharmacy do you use? \_\_\_\_\_

Are you allergic to any medications?  Yes  No

If yes, what medication(s) are you allergic to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other allergies?  Yes  No

If yes, what other allergies do you have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Optomap/Dilation Consent Form

Northfield Vision Center (NVC) is committed to improving the quality of life for our patients by having the most thorough eye health examination. At NVC, we use diagnostic technology to determine your ocular health care. This allows the doctor to detect many eye diseases, such as glaucoma, macular degeneration, retinal detachments, and other conditions. These health conditions are difficult to detect without the Optomap or dilation of the pupils.

Methods used to observe and evaluate your eyes have improved dramatically. Optomap, an ultra-wide retinal examination, is a revolutionary diagnostic tool that allows clinicians to view most of the retina. The Optomap allows the doctor to capture a 200-degree high-resolution image of the retina in a single shot. It's easy for the patient, takes just a couple of minutes to perform, and there are no side effects. Optomap is a permanent part of your medical file, allowing Dr. Frohm to view the image for comparison from year to year.

**Dilation**, the traditional method requires eye drops that enlarge the pupil area and blurs vision for approximately 4 to 6 hours. It also increases sensitivity to light. This method adds an additional 30 minutes to your examination.

- Yes, I understand the importance of having the Optomap Retinal Exam (**NO DROPS**) and would like to have it performed (\$39)
- I elect to have my eyes dilated (**Drops with no additional charge**) I understand that it will cause my vision to blur, lasting 4-6 hours
- I understand the importance of checking the health of my eyes, but I wish to have neither procedure done at this time.

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Patient Signature

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Date