

## Knotts Optometry Established Patient Paperwork

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ (H) (C)

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Last 4 digits of Social Security # for insurance purposes: \_\_\_\_\_

Occupation/Grade: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (H) (C)

Medical Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Group#: \_\_\_\_\_

Vision Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

### Acknowledgment of Receipt

I acknowledge that I received a copy of Marjorie J Knotts, O.D., Notice of Privacy Practices. (A copy of HIPPA privacy practices will be available for you to have if requested at appointment).

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\*May we release your glasses or contact lens prescription with your verbal approval to you or a third party of your choice? Y/N**

**\*\*\*May we use your name, email, and/or address to send you special offers from our office? Y/N**

### Optomap Authorization

I have reviewed the information given to me regarding the OPTOMAP testing (not covered by insurance) and I would like to:

**PLEASE CIRCLE ONE:**      Proceed with testing                  Decline testing

**Insurance Authorization**

I request that payment of authorized Insurance benefits for any services furnished to me, be made on my behalf to: Marjorie J Knotts O.D. Inc.

I authorize any holder of medical information about me to release my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services.

I understand that I am responsible for charges not paid by the insurance plan.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Medical Information**

Date of last eye exam: \_\_\_\_\_ Dilated? Y/N

Have you had any eye operations? Y/N

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Have you had an eye injury? Y/N

Type: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have blurred vision? Y/N

When: \_\_\_\_\_

Any other eye problems? Y/N

Explain: \_\_\_\_\_

Do you wear glasses? Y/N

Contact lenses? Y/N

Type: \_\_\_\_\_

**IF APPLICABLE PLEASE ANSWER:**

Are you currently pregnant? Y/N

Are you breastfeeding? Y/N

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Are you taking any medications? Y/N

If yes, please list below:

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Do you have any medication allergies? Y/N

If yes, what are you allergic to?

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Family Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone #: \_\_\_\_\_

**Personal and Family Medical History**

	<b>Self</b>	<b>Mother</b>	<b>Father</b>	<b>Sister</b>	<b>Brother</b>	<b>Daughter</b>	<b>Son</b>
<b>Anxiety</b>							
<b>Asthma</b>							
<b>Atrial Fibrillation</b>							
<b>Cataracts</b>							
<b>Chronic Kidney Disease</b>							
<b>Chronic Obstructive Pulmonary Disease</b>							
<b>Congestive Heart Failure</b>							
<b>Coronary Artery Disease</b>							
<b>Depression</b>							
<b>Diabetes Mellitus, Type I</b>							
<b>Diabetes Mellitus, Type II</b>							
<b>Diabetes Mellitus, Unspecified</b>							
<b>End Stage Renal Disease</b>							
<b>Glaucoma</b>							
<b>Hyperlipidemia</b>							
<b>Hypertension</b>							
<b>Macular Degeneration</b>							
<b>Retinal Detachment</b>							
<b>Peripheral Vascular Disease</b>							

**Please list any other health issues not listed above:**

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# Optomap FAQ's

## **How long has Optomap been around?**

The Optomap was approved by the FDA in 1999.

## **Do I “need” to have this done?**

Your doctor highly recommends that you do... our doctors feel this is now an important tool for them to use as part of a complete examination. It gives them retinal views that are not possible with any other technique. It is amazing technology.

## **How soon will the doctor see the results?**

Your doctor will have the results immediately, and you will be able to view this image with her in the examination room.

## **Why is it important for the doctor to look at the retina?**

Your retina is one of the most important tissues in your eye, and it is susceptible to many diseases. It's essential to find problems early in order to prevent progressive disease and sight loss. It will also be the first digital image which will be compared each visit as images are re-taken.

## **If I don't have the Optomap scan done, will I still get a good eye examination?**

Of course your doctor will give you a thorough eye examination; however you should know that our doctors feel this is now an important tool for them to use as part of a complete examination. It gives them retinal views that are not possible with any other technique. It is amazing technology.

## **Can my child be tested?**

Yes, this instrument is particularly helpful for children.

## **I don't have any complaints...I see well...why should I get this?**

This is a very new tool that the doctors have been finding invaluable as part of a thorough eye health examination. When detected early enough, many retinal problems can be treated to avoid sight loss. However, once a retinal problem has caused sight loss, it is difficult to reverse. Early detection is vital to preserving good eye health.

## **How long will the Optomap take?**

About 5 minutes.

## **If I have this done, will I still need to have my pupils dilated?**

Pupil dilation can still be a necessary part of the eye exam for some patients, although with the Optomap scanning, the doctors are finding they require the pupil dilation procedure less often.

**I was dilated during my last exam; do I need this today?**

In spite of your dilation last visit, this is a very new tool that the doctors have been finding invaluable as part of a thorough eye health examination. It will also form a permanent digital record which will be compared each visit in the future.

**I had photographs taken of my retina last visit; Is this the same thing? Why do I need this again?**

The Optomap laser retinal scanner takes a very different image of your retina which can be viewed with a variety of different filters/magnification/imaging techniques. It is quite different than the photograph you had done. Both may, in fact, be useful or necessary. One of the biggest differences is how much of the retina is seen in each image. The photograph captures 30 degrees; The Optomap captures 200 degrees! Your doctor will share this image with you in the examination room.

**Can I drive afterwards?**

The Optomap examination will not blur your vision or make you sensitive to light.

**Does it hurt?**

No, the Optomap is completely comfortable for you.

**Can the Optomap cause any damage?**

No, the Optomap causes no damage and has been approved by the FDA since 1999. Everyone in the office has had it done.

**How often is it recommended to have an Optomap done?**

The Optomap should be part of every comprehensive eye examination during each visit.

**Will this change my prescription?**

The Optomap will not change the health or focus of your eyes in any way...it will only assist your doctor to better diagnose the health of your retina.

**I am pregnant. Can I still have this test done?**

Yes. There are no risks to pregnancy.