

Kesselman Eye Care - Patient Intake Form

Please provide your ID and insurance card
Payment in full is expected at the time of service
Please fill out BOTH SIDES of this form to the best of your ability

General Information

Last Name	Phone
First name, MI	E-mail
Date of Birth	Occupation
Address	How did you hear about us?
Unit #	Hobbies
City, State	Health insurance
Zipcode	Member ID
Vision insurance	
Member ID	

Please circle any condition you have been experiencing

Blurry vision	Eye pain	Itchy eyes	Gritty/sandy feeling	Watery eyes	Dry eyes	Other discharge	Burning	Tired eyes
Red eyes	Light sensitivity	Swollen lids	Headaches	Flashes	Floater	Other: _____		

Please check the appropriate box

	Myself	Family	Neither
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lazy eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other diagnosed conditions or symptoms that you have not yet listed

Constitutional (fever, weight loss/gain, fatigue, etc.)	
Ear/nose/throat (sinus pain, ringing in ears, vertigo, etc.)	
Cardiovascular (chest pain, palpitation, murmur, etc.)	
Respiratory (cough, wheezing, shortness of breath, etc.)	
Gastrointestinal (indigestion, diarrhea, bloating, etc.)	
Genitourinary (difficulty/painful urination, blood in urine, etc.)	
Musculoskeletal (pain, stiffness, etc.)	
Skin (rashes, tumors, dryness, etc.)	
Neurological (seizures, severe headaches, etc.)	
Psychiatric (depression, anxiety, etc.)	
Endocrine (sweaty, appetite changes, hormonal imbalance, etc.)	
Blood/lymph (bruising/bleeding, leukemia etc.)	
Allergy/immune (HIV, autoimmune, other allergy/disorders)	

Please answer the following

What surgeries have you had?	
How much do you drink?	
How much do you smoke?	
Which drugs do you do, if any?	
What medications do you take?	

I acknowledge that I have been provided an opportunity to review Kesselman Eye Care, Inc.'s HIPAA notice of privacy practices and that I can request a copy. I certify that all information provided above is correct.

Date	
Parent/guardian (if applicable)	
Signature	

Dilation

Dilation is an important part of an eye examination that enables the doctor to evaluate peripheral retinal structures for ocular and some systemic diseases. Considering its importance, it is included at no extra cost to your regular eye examination. If it is your first time seeing a new optometrist, state law says that dilation is required; it is up to the doctor's discretion thereafter. It is important to dilate at least annually for those with diabetes, hypertension, and some other conditions. Dilation causes temporary sensitivity to light as well as difficulty focusing at near for some individuals. Dilation affects people differently, but you should use extra caution while driving and operating heavy machinery. The effect usually lasts no more than 4-6 hours with the maximum effect being 30 minutes after instillation of eye drops. Significant side effects are exceedingly rare but can occur. If you have any concerns or need to reschedule, please discuss with your doctor.

Contact Lens Consent

Contact lenses are considered medical devices designed to treat vision and some medical conditions of the eyes. They are associated with increased risk of infections that may cause permanent damage to ocular structures that enable you to see clearly. Therefore, it is incumbent upon you to maintain good hygiene and to avoid swimming, showering, or sleeping with contact lenses.

Prior to a contact lens fitting, you must have had a comprehensive eye examination within 3 months. Contact lens fittings are never included in the cost of a regular eye examination. You must have a contact lens fitting whether or not you already wear contact lenses.

Fitting and Follow-ups

Soft contact lenses – The contact lens fitting process includes trial lenses and follow-ups at no additional cost for 30 days or two additional visits, whichever comes first. Additional follow-up visits will be billed at a rate of \$39 per visit. It is not unusual to return once or twice for a change in trial lenses. Fittings for astigmatism, monovision, or multifocal contact lenses are more complex than spherical (non-astigmatism-correcting) lenses and these differences are reflected in the examination fees.

Rigid and specialty contact lenses – These lenses are made to order and the trial period begins when the initial lenses arrive and are evaluated on the eyes. Since these are custom lenses, payment is required for the initial set of lenses whether or not the doctor finalizes them. Depending on the contact lens, some remakes may be at no charge, beyond which there will be additional lens charges. Additionally, since custom lenses require more time and visits, the initial contact lens fitting fee is higher than standard soft contact lenses. Fitting fees may differ if rigid or specialty lenses are medically necessary.

Additional Information

If you are a new contact lens wearer, you will not be permitted to leave with contact lenses prior to successfully inserting and removing contact lenses in the office. Due to the additional time, insertion and removal training may incur a separate fee. Regardless of the type of contact lenses you receive, it is imperative that you *come to your follow-up already wearing the trial contact lenses provided* unless there is a medical reason that you should not do so.

You will receive your prescription only after a follow-up visit demonstrating good vision and a medically acceptable fit

Visual Field Screening

An automated visual field test is the gold standard in detecting vision loss that may not be noticeable in your daily life. Defects in the visual field may arise from conditions affecting the brain, optic nerve, or the retina. Glaucoma, brain tumors, strokes, and pituitary gland tumors, are just some of the conditions that may result in visual field loss not detectable by the simple "finger counting" test performed in the exam room. The automated visual field screening is a quick test that takes 1-2 minutes per eye but is not covered by insurance.

Optos Retinal Imaging

We are excited to offer advanced, ultra-widefield retinal imaging called the Optos. While it does not replace dilation, it is certainly the next best thing and in some ways superior. Without dilation, this device captures a 200° image, or almost 85% of the retina in a single capture. It can perform various types of retinal imaging to aid in diagnosis, monitoring, and treatment of retinal conditions. With the Optos image, the doctor can evaluate your eye for as long as needed without shining a light into your eye. At future visits, we can place images side-by-side to directly evaluate changes that might go unnoticed by a drawing or text in a medical record. Even if you will be dilated, the doctor still strongly recommends this test to be performed at your yearly visit. If you will be refusing dilation for any reason today, we urge you to have this retinal screening. Most vision plans do not cover photos.

Please mark which tests you would like today

- | | |
|--|---|
| <input type="checkbox"/> Visual field screening for \$20 | <input type="checkbox"/> Both tests for \$49 (\$10 savings) |
| <input type="checkbox"/> Optos for \$39 | <input type="checkbox"/> Neither |

Initials _____

Financial Agreement

You are responsible for the costs of all services rendered. When insurance is used, you acknowledge that you will be responsible for any copay, deductible, or any other out of pocket costs not covered by insurance. It is your responsibility to be aware of potential charges prior to seeing the doctor. Denial or failure of payment by your insurance company will transfer responsibility of the remaining balance back to you. While we strive to satisfy you with the best service, exam fees are non-refundable. Credit-card disputes or chargebacks will be aggressively fought and you will incur an additional \$50 fee.

Vision Insurances: Vision insurances are for routine eye exams including a glasses prescription. Some vision plans have benefits for contact lens fittings. It is your responsibility to know what additional costs are involved for contact lens fittings as they vary between insurance plans and the type of contact lens fitting based on a your prescription.

Medical/Health Insurances: These plans only cover examinations of the eye and surrounding structures when a medical condition is present. Such conditions include (but not limited to) conjunctivitis or pink-eye, corneal abrasions, cataracts, diabetes, hypertension, or any other condition that affects the health of the eye. If you require a medical eye examination and we accept your insurance, we may bill your health insurance. Health insurance does not cover the procedure to measure your glasses prescription, known as a refraction. If you have a condition that allows us to use your medical plan and perform a refraction, you will be responsible for the refraction fee. Refractions are not performed with an active eye infection due to variability in vision.

By signing this page I acknowledge that I have read, understand, and agree to the information on this page in its entirety

Thank you for choosing Kesselman Eye Care

Date _____

Signature _____