



New Vision Optometry // New Patient Form

DATE: _____
First: _____ Last: _____
Address: _____ apt#
City: _____ ZIP: _____
Tel: _____ Type: Home/Work/Cell
Email: _____
Date of Birth: _____ Gender: _____
Occupation: _____
Vision insurance: _____
Member ID: _____ Last 4 SSN: _____

PURPOSE OF TODAY'S VISIT:

Ocular History: _____
Eye Surgeries: _____
Last Eye Exam (year): _____
Family Ocular History (circle):
Glaucoma Macular Degeneration
Retinal Detach Diabetic Retinopathy

How did you hear about us?
Medical History (including high blood pressure, high cholesterol, diabetes):
Medications:
Allergies:
Are you pregnant (or could you be) or are you nursing? Y/N
Do you wear contact lenses? Y / N
Are you interested in contact lenses? Y / N
A copy of the Notice of Privacy Practices can be accessed at the front desk which details your right to privacy as a patient. Sign below indicating you understand your rights.
(sign) (date)

Fill out this section ONLY if you wear contact lenses (to the best of your knowledge)

Brand: _____ How do you like your contacts? Desired changes?
How often do you replace? _____
Prescription (R) _____ Prescription (L) _____

Contact lenses are FDA class 1 medical devices that have the potential for serious complications. For that reason, the standard of care and the requirements of the California State Board of Optometry require an annual examination for renewal of a contact lens prescription. The doctors at New Vision Optometry work with you to ensure that your eyes remain safe and healthy to wear contact lenses. There is an annual contact lens fitting or evaluation fee that range from \$75 (basic) - \$125 (complex). With most insurances, this fee is reduced to a small copay. By signing, I acknowledge that I understand the policies regarding the contact lens health evaluation and agree to the associated fees.

Signature: _____ Date: _____



OPTOMAP Digital Retinal Imaging Technology

In every exam, we look for potentially blinding retinal diseases such as macular degeneration, glaucoma, retinal detachments and diabetic retinopathy.

Traditionally, to assess the full retina we must dilate the pupil with eye drops. **Dilation causes light sensitivity and blurred near vision for up to 4-6 hours. It will be difficult for to read your phone or look at a computer.**

Another option is to performed retinal imaging called the Optomap. Multiple wide angle images are taken of the retina WITHOUT the need for dilation. There are NO side effects.

Please check **ONE** option below:

_____ OPTION 1: Optomap. \$39.00 fee. Doctor recommended choice.

No drops, no side effects, only takes a few minutes.

_____ OPTION 2: Dilation. I agree to Dilation and understand the side effects. I will be light sensitive

sensitive and have blurry near vision for 4-6 hours. This will add ~30 mins to my exam.

Signature: _____ Date: _____

"Dedicated to helping you see the best you possibly can for as long as you possibly can"

FREQUENTLY ASKED QUESTIONS:

Which Option is better?

For routine eye exams, Doctors prefer Optomap (option 1) because it allows for photo documentation or your retinal health.

Is it covered by insurance?

Optomap is not normally covered, Dilation is covered.

Why do I have to select one?

Without the optomap or dilation, we are not able to get a full look inside your eye.

Diseases such as retinal detachments, tumors, glaucoma, and macula degeneration can be missed.

Which retinal diseases can be caught?

Retinal detachments, tumors, glaucoma, macula degeneration