

WELCOME: Please take a few moments to answer the following questions so that we can better serve you today.

Email: In near future, we may start sending out emails of events / promotions. Please list your address if you would like to be included. _____

What is your reason for today's visit?

___ Yearly Exam ___ Having Trouble ___ Out of Contact Lenses?

Check box if your answer is Yes

___ Do you have any trouble at the computer? **DRY EYES, HEADACHES, GLARE, BURNING, BACK PAIN, EYE STRAIN?**

___ Do you have glasses for when not wearing your contact lenses?

___ Do you have any trouble with night driving?

___ Do you use any type of moisture drops for dry eye symptoms?

___ Do you think you might benefit from thinner, lighter lenses?

___ Do you play sports? Which ones _____

___ Do you spend time outdoors?

___ Do you have prescription sunglasses?

If you wear multi-focal lenses (lined or progressive), does the line or head tilting bother you?

___ Yes ___ No ___ n/a

If you wear contact lenses, are you satisfied with the vision and comfort?

___ Yes ___ No ___ n/a

Please list any questions for the doctor: _____

Digital Retinal Screening

Although insurance companies may not cover the cost of this testing, the *additional information gained can be quite useful*. In addition to providing a baseline retinal image, comparing these images from each visit allows Dr. Carlson to more closely monitor the retina for any changes. The cost for screening is \$25.00.

Would you like to take advantage of this technology? ___ YES ___ NO ___ NOT SURE

At his discretion, Dr. Carlson may order retinal photos if he feels it is medically necessary. This may be done to further aid in evaluating abnormalities, follow the progress of a disease, or plan the treatment for a disease. Additional reporting and documentation will be required. This procedure may be reimbursed by Medicare and other insurance companies. The cost is \$75.00.