Dr. Gottlieb & Dr. Pettit
OPTOMETRY

Laser Vision Consultation * Vision Health Exams * Eyeglasses * Contact Lenses

Date ___/___/_____ ☐ Previous Patient ☐ New Patient; Referred by: _____

☐ Dr.
☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

_____ (Last Name / First name and nickname / Middle Initial)

_____ (Street Address / City / State / Zip Code)

___/___/___ (Date of Birth) _____ (Last 4 of Social Security (Requested if using insurance)) _____ (Vision Carrier) Cell Phone ( ) _____

Home / Work Phone ( ) _____

Preferred Contact Method: ☐ Text ☐ E-mail

E-mail Address _____ Medical Carrier (HMO / PPO): _____

Please note: In order to maintain our low fees we must adopt the following office polices. We cannot be responsible for delays due to lab breakage and/or manufacturer's backorders. Orders cancelled during lab processing will be charged a 25% handling fee. Orders not picked up within 60 days of completion will forfeit their deposit. A $30 fee will be applied to all frames that need to be restocked. All returned checks will incur a $25 fee and may be liable for 3x the written amount.

Signing this document signifies that you agree with the above office policies.

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this information in order to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office.
The *Notice of Privacy Practices* you have been given describes these uses and disclosures in detail.
I acknowledge that I have received the *Notice of Privacy Practices* from Larry J. Gottlieb, O.D. A Professional Corp.

_____ Signature _____ Date

If signing as a personal representative of the patient, describe the relationship to the patient and the source of authority to sign this form:

_____ Source of Authority / Relationship to Patient _____ Print Name

Dr. Gottlieb & Dr. Pettit both recommend Optomap & OCT retinal imaging screening to:

- Allows us to screen for diseases like: diabetes, hypertension and high cholesterol
- A much quicker test to complete vs dilation
- No light-sensitivity and blur for hours afterwards
- Creates a permanent record which allows for side by side comparisons, helpful in tracking glaucoma and macular degeneration

Optomap is only $35 for patients ages 35+, or just $20 for our younger patients. In most cases this is not covered by insurance.
We also have *OCT imaging* that allows for even earlier detection of retinal diseases such as glaucoma and macular degeneration, this is highly recommended on our patients age 50+ for just $10 more!

☐ Yes, I would like Optos reviewed today ☐ Add OCT ☐ Unsure, I would like to discuss with the doctor

Today, you would like: ☐ New Eyewear ☐ New Contacts ☐ Information on LASIK ☐ Corneal Reshaping Lenses

Occupation _____

Computer usage: ☐ Desktop ☐ Laptop ☐ Cell/Tablet

Hours of usage/day: _____ _____ _____

Last Eye Exam: _____ Where? _____

Last Physical: _____ Physician/City? _____

Height: _____ Weight: _____

Medication Allergies: _____

List any medications or drugs or supplements taken:
(Both Prescription & Over-the-Counter, including any eye drops)

1	4
2	5
3	6

Double vision: Y ☐ N ☐ Frequency _____ x / Week

Headaches: Y ☐ N ☐ Frequency _____ x / Week

Location: _____

What helps them? _____

Allergies: Y ☐ N ☐

Dry eye: Y ☐ N ☐

What activities/hobbies do you regularly participate in?:

1	4
2	5
3	6

Any Ocular involvement? If yes, check symptoms below:

☐ Itchiness ☐ Tearing
☐ Redness ☐ Swollen Lids

Any history of Eye Infections?: Y ☐ N ☐

Describe: _____

Any Discomfort on Eye Movements?: Y ☐ N ☐

Describe: _____

Any prior Eye Injuries/Surgeries?: Y ☐ N ☐

Describe: _____

Any reported tobacco use?: Y ☐ N ☐ -> *If yes, how many packs a day?* _____

Family History / Personal History:

		Self	Maternal	Paternal
Arthritis / Autoimmune Diseases		☐	☐	☐
Asthma/COPD		☐	☐	☐
Cancer	Type(s): _____	☐	☐	☐
Thyroid	Type: _____	☐	☐	☐
Diabetes	Type: _____	☐	☐	☐
Glaucoma	Type(s): _____	☐	☐	☐
Heart Disease		☐	☐	☐
High Blood Pressure Type: _____		☐	☐	☐
High Cholesterol		☐	☐	☐