

**OGLETREE EYE CARE**  
 Drs. Ogletree, Visentine, & Green  
 Therapeutic Optometrists  
 3551 Justin Road, Suite 150  
 Flower Mound, TX 75028  
 (972) 355-5152 / www.OgletreeEyeCare.com



**Patient Health History**

<b>Patient Name</b>		<b>Date of Birth</b>	
<b>Primary Care Physician</b>	<b>Approximately when was your Last Visit at PCP Office</b>	<b>Reason for Last Visit at PCP Office</b>	
<b>Last Eye Doctor</b>		<b>Approximately when was your last eye exam</b>	
<b>If Female:</b> Are you pregnant?      Yes    No                      Are you nursing?    Yes    No			

Review Of Systems	
<b>Please list any current illnesses, symptoms, or problems</b>	
<b>Do you have any of the following:</b>	Fever      Fatigue      Sudden Weight Loss      Sudden Weight Gain
Cardiovascular	
Ears, Nose, Mouth, Throat	
Respiratory / Lungs	
Stomach / Intestines	
Urinary / Reproductive	
Bones / Joints / Muscles	
Skin / Hair / Nails	
Neurological	
Psychiatric	
Endocrine / Hormonal	
Blood / Circulation	
Allergic / Immunologic	
Other	

Diabetic Information	
<b>Type of Test</b>	<b>SMBS: Self Monitoring Blood Sugar test</b> <b>HgbA1c: Hemoglobin A1c test</b>
	<b>Date of Last Recorded Test</b>
	<b>Value</b>
	<b>Location / Timing</b>
	<b>Date of Last Recorded Test</b>
	<b>Value</b>
	<b>Location / Timing</b>

Eye Surgery Information				
Date	Eye	Procedure	Surgeon	Complications

Past / Present Ocular History		
Please list any past or present ocular illnesses, symptoms or problems		Date Diagnosed
Glaucoma		
Cataracts		
Age-Related Macular Degeneration		
Eye Injury		
Retinal Disease		
Other Disease		
Blindness		
Strabismus		
Amblyopia		
Diabetic Retinopathy		
Dry Eye		
Refractive		

Do you work on a computer?		Hours per day	
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Social History	
Do you use recreational drugs? If so, what type?	
Do you drink alcohol? If so, what type do you drink, how much, and how often?	
Are you a smoker, former smoker, or never smoked? If you are a smoker, do you smoke everyday or some days?	
Do you use tobacco? If so, what type, how much, how often, and for how long?	
Occupation	
Hobbies	

Family History		
Please list any family members with these conditions		
MGM (maternal grandmother) MGF (maternal grandfather)	PGM (paternal grandmother) PGF (paternal grandfather)	MGP (maternal grandparents) PGP (paternal grandparents)
Glaucoma		
Cataracts		
Age-Related Macular Degeneration		
Eye Injury		

### Family History

**Please list any family members with these conditions**

MGM (maternal grandmother)  
MGF (maternal grandfather)

PGM (paternal grandmother)  
PGF (paternal grandfather)

MGP (maternal grandparents)  
PGP (paternal grandparents)

<b>Retinal Disease</b>	
<b>Other Disease</b>	
<b>Blindness</b>	
<b>Strabismus</b>	
<b>Amblyopia</b>	
<b>Diabetes</b>	
<b>Cancer</b>	
<b>Heart Disease</b>	
<b>Hypertension</b>	
<b>High Cholesterol</b>	
<b>Kidney Disease</b>	

### Medication Allergies

<b>Allergy</b>	<b>Onset Date</b>	<b>Reaction</b>	<b>Severity</b>

### Medications

**Please list all prescriptions, over the counter and herbal medications**

<b>Date</b>	<b>Name</b>	<b>Strength</b>	<b>Directions</b>

### Contact Lens History

<b>Type of contact lenses you currently use</b> (gas permeable, soft)		<b>How often do you replace your contacts?</b> (daily, 2 weeks, monthly)	
<b>Average number of hours that you wear your contacts each day</b>	<b>Number of hours worn today</b>	<b>Do you sleep in your contacts?</b>	



Ogletree Eye Care offers a state-of-the-art digital scanning technology that allows us to view the inside of your eye without the use of dilation drops. The OPTOMAP allows us to evaluate your retina for problems such as macular degeneration, retinal holes, retinal detachments, hypertension, melanoma, cancer, and diabetic retinopathy. The OPTOMAP is completely safe for kids and adults and allows you the opportunity to see the inside of your eye just as the doctor sees it.

**Dilated Exam**

vs.

**Optomap Exam**

1. Blurred near vision for 4-6 hours
2. Light sensitivity for 4-6 hours
3. Longer office visit to wait for drop to take effect (20-25 extra minutes)
4. No permanent record of retina
5. Only the doctor can see the retina

1. NO blurred vision
2. NO light sensitivity
3. Map takes less than 2 minutes to process
4. Permanent digital image that can be reviewed/compared each year
5. You can see the retina

**Early Detection Is Crucial!**

Drs. Ogletree, Visentine, and Green strongly recommend that ALL patients have a thorough examination of their retinas every year. **Without the Optomap or a dilated examination, the doctor cannot fully assess the health of your eye.** Dilation is not recommended if you are pregnant or nursing. There is an additional fee of only \$39 for the OPTOMAP. In most cases, this procedure is not covered by insurance. **Dilation may still be required.**

\_\_\_\_\_ I elect to have the Optomap (digital image) of my retinas today (\$39 fee).

\_\_\_\_\_ I prefer a dilated exam of my retinas (no additional fee), and I have been informed of the side effects listed above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



## ***iWellness Exam***

**The iWellness Exam is state-of-the-art technology that allows your doctor to see beneath the surface of your retina where signs of disease first appear.**

Why should I have an iWellness Exam?

***It is a proactive approach to eye health which may reduce your risk of vision loss.***

Does an iWellness Exam hurt?

***No, the iWellness Exam is a quick, non-invasive scan and doesn't use a bright flash of light. The scan is quick and takes just a couple of seconds to complete.***

What is the difference between Optomap and iWellness Exam?

***The Optomap Digital Retinal Image is a photograph of your retina and can help us see conditions such as retinal holes, retinal detachments, hypertensive retinopathy, melanoma, and diabetic retinopathy. The iWellness Exam is similar to a CAT scan or MRI in that it shows us what is going on behind the retina. This helps us with detection of a number of eye health issues, including macular degeneration and glaucoma, at a much earlier stage.***

\_\_\_\_\_ I elect to have the iWellness Exam today (\$10 fee).

\_\_\_\_\_ I do not want to have the iWellness Exam today.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Janet B. Ogletree OD, PA  
3551 Justin Rd. #150  
Flower Mound, TX 75028  
972-355-5152

The law requires that Janet B. Ogletree OD, PA make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

**Initial one:**

\_\_\_ I was given the opportunity to read, have read, or had explained to me Janet B. Ogletree OD, PA's Notice of Privacy Practice prior to any services offered

\_\_\_ The Notice of Privacy Practice could not be read due to the emergent nature of the care and will be acquired when possible

I authorize Janet B. Ogletree OD, PA to release my personal health information to the following individuals:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

My vision plan requests that all diagnoses related to any medical condition I may have be released to them. As a non-traditional disclosure, release of this information requires my specific authorization:

\_\_\_ I authorize the release of medical information to my vision plan

\_\_\_ I do not authorize release of medical information to my vision plan

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

If you are signing as a personal representative of the patient, please indicate your relationship:

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Relationship to Patient