

**Johnson Optometric Associates, P.A.**

**Patient Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ (Jr, Sr, etc) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_

(Phone) Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Please complete the following questions.**

**Consent for Dilation**

<input type="checkbox"/> YES. I understand the side effects and benefits of dilation and I consent to dilation	<input type="checkbox"/> NO I do not consent to dilation
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**\*\*\*The DOCTOR or TECHNICIAN will answer any questions regarding dilation/imaging\*\*\***

At Johnson Optometric we recommend a dilated examination for: 1) All new patients, 2) patients at risk for, or with pre-existing eye disease, or 3) routinely every 2-3 years, unless contraindicated.

To dilate the pupil, eye drops must be administered. Once your pupils are dilated, it is common to be sensitive to light, a symptom that is usually alleviated with sunglasses. Another common symptom is blurred vision. Your vision will return to normal in 4-6 hours. During this time please exercise caution when walking down steps, driving a vehicle, operating dangerous machinery, or performing other tasks that may present a risk of injury.

**Digital Retinal Imaging**

<input type="checkbox"/> YES I understand there is a \$39.00 charge that is not covered by insurance.	<input type="checkbox"/> NO I do not want digital retinal imaging
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This technology allows the doctor and the patient to instantly view the inside of the eye, and may allow earlier diagnosis of eye diseases such as glaucoma, diabetic eye disease, macular degeneration, and other health threatening conditions.

**Authorization to Release Medical Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**HIPAA Policy** - As an established patient, you have already received a copy of our HIPAA policy. Please ask the front desk if you would like another copy.

**I acknowledge ALL of the above information is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_