

# WILKEN FAMILY EYE CARE

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## Welcome to Our Office

Name \_\_\_\_\_ Mid. Init. \_\_\_\_\_

Street \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Is it ok to receive text on your cell phone Y or N

Email \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of last Exam \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Medical Insurance Provider \_\_\_\_\_

Vision Insurance Provider \_\_\_\_\_

Primary Member Name \_\_\_\_\_

Primary Member ID# \_\_\_\_\_

Primary Insured Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

\*We bill your insurance based on direct quotation of benefits.  
This does not guarantee payment by your insurance company

### Do you currently Wear Glasses? Yes No

If so, which of these describes what you wear:

Single Vision	Bi-focals	Tri-Focals
Progressive lenses	Prescription Reading Glasses	
Rx Sunglasses	Non-Prescription Sunglasses	
Computer Glasses	2 Pair-Distance and Reading	
Over-The-Counter Readers (Cheat readers) + _____		

### Do you currently wear contacts? Yes No

If so, please take a moment to answer the following:

Which of these describes what lenses you wear:

2 week disposable	Monthly Disposable
Daily Disposable	Gas Permeable (or hard) lenses
Multifocal (bifocal)	Soft for Astigmatism (toric)
Synergeyes hybrid	Extended wear (overnight wear)
Keratoconus Lenses	Non-Disposable Daily Wear soft

### Which of these most accurately describes why you are here:

Routine Exam	Contact Lens Exam	Diabetic Exam
Glaucoma	Interest in LASIK	New Glasses
Sunglasses	Interested in Contacts	Red/itchy/dry eyes
Blurry Vision	Failed Vision Screening at school/DMV	
Floater	Dryness with current contact lenses	

### Do you experience any of the following Symptoms?

Burning	Itchiness	Watery Eyes
Discomfort	Glare or Reflections	Dryness
Headaches	Sensitivity to Light	Poor Night Vision

### How did you hear about our Office?

Yelp Google Yahoo Insurance website/directory

JustCoppell.com Wilkeneye.com Yellow Pages

Friend, Relative (Who?) \_\_\_\_\_

Drive By \_\_\_\_\_ Other \_\_\_\_\_

### Medical History F=Family S=Self

Dry Eyes	F	S	Allergies	F	S
Blindness	F	S	Arthritis	F	S
Keratoconus	F	S	Diabetes	F	S
Macular Degen.	F	S	Heart Disease	F	S
Cataract Surgery	F	S	High blood		
LASIK Surgery	F	S	pressure	F	S
Lazy Eye	F	S	High Cholesterol	F	S
Cataracts	F	S	Asthma	F	S
Glaucoma	F	S	Other	_____	

### Current Medications (Rx or Over the Counter) (especially for any conditions listed above)

	Name of Medication	
Anithistamines	Yes	No _____
Eye Drops	Yes	No _____
Blood Pressure Meds	Yes	No _____
Cholesterol Meds	Yes	No _____
Oral Contraceptives	Yes	No _____
Other	_____	
Drug Allergies	_____	

### HIPAA Privacy Statement

I am aware of the Notice of Privacy Practices from Wilken Family Eye Care and I am aware that copies are available to me upon request as well as available for me to view in the forms section of wilkeneye.com.

Name \_\_\_\_\_ Date \_\_\_\_\_

# WILKEN FAMILY, EYE CARE & Distinctive Eye Wear

Wilken Family 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, and diabetic retinopathy. OPTOMAP is 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

- |  |   |
|--|---|
| <ol style="list-style-type: none"><li>1. Blurred near vision for 4-6 hours</li><li>2. Light sensitivity for 4-6 hours</li><li>3. Longer office visit waiting for drops to take effect</li><li>4. No permanent record of retina</li><li>5. Only the doctor can see the retina</li></ol> | <ol style="list-style-type: none"><li>1. NO blurred vision</li><li>2. NO light sensitivity</li><li>3. Map takes less than 2 minutes to process</li><li>4. Permanent digital image that can be reviewed and compared each year</li><li>5. You can see the retina</li></ol> |
|--|---|

### Early Detection is Crucial!

Our doctors strongly recommended that ALL patients have a thorough examination of their retina every year. **Without the OPTOMAP or dilated examination, the doctor cannot fully assess the health of your eye.**

There is an additional fee of \$39 for the OPTOMAP. This procedure is not covered by insurance. **Dilation may still be required in rare instances.**

PLEASE INDICATE WHICH PROCEDURE YOU WILL BE HAVING TODAY:

- I elect to have a digital image of my retinas today (\$39.00).
- I prefer a dilated exam of my retinas today (no additional fee) and I have been informed of the side effects listed above.
- I hereby voluntarily waive my right to Dilation of pupils or Optomap Retinal Imaging even if it may be covered by my insurance.

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

\_\_\_\_\_  
Date