

GENERAL HISTORY

DATE: _____

PATIENT NAME: MR. MRS. MS. _____

RESPONSIBLE PARTY: _____ SS#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE(_____) _____ WORK OR CELL PHONE(_____) _____

OCCUPATION: _____ EMPLOYED BY: _____

DATE OF BIRTH: _____ AGE: _____ REFERRED BY: _____

FAMILY PHYSICIAN: _____ AGE OF PRESENT GLASSES: _____

LAST EYE EXAM: _____ FROM DR: _____

WHAT BRINGS YOU TO OUR OFFICE TODAY? _____

HAVE YOU EVER BEEN TO SEE DR. GUBANY/DR. WEAVER? _____

ARE YOU ALLERGIC TO ANYTHING? _____

DO YOU OR ANY BLOOD RELATIVE HAVE LAZY EYE? IF SO, WHO? _____

DO YOU HAVE FREQUENT HEADACHES? _____

WHEN, WHERE, HOW OFTEN? _____

DOES SUNLIGHT OR BRIGHT LIGHTS BOTHER YOU? _____

DO YOU EVER SEE DOUBLE? WHEN? _____

DO YOU HAVE TROUBLE WITH NIGHT VISION? _____

HAVE YOU EVER HAD EYE INFECTION, INJURY OR SURGERY? _____

DO YOU HAVE COLOR VISION PROBLEMS? _____

HAVE YOU EVER WORN CONTACTS? _____ DO YOU NOW WEAR CONTACTS? _____

HOW LONG HAVE YOU HAD THEM? _____ ARE THEY COMFORTABLE? _____

HAVE YOU WORN THEM BEFORE AND QUIT? WHY? _____

ARE THEY COMFORTABLE ALL DAY? _____ HOURS WORN BEFORE DISCOMFORT? _____

TYPE OF LENS WORN: _____ CONTACTS FIT BY DR. _____

DO YOU USE LUBRICATION DROPS? _____ WHAT BRAND? _____

HAVE YOU OR A BLOOD RELATIVE EVER HAD (CIRCLE):

DRY EYE SYNDROME (K.SICCA) BLEPHARITIS GLAUCOMA TUBERCULOSIS LUPUS
GOUT CATARACTS ARTHRITIS DIABETES THYROID DISORDER HEART DISEASE
HIGH BLOOD PRESSURE SJORGRENS SYNDROME SYSTEMIC SCLEROSIS TRACHOMA
POLY MYOSITIS PRIMARY BILIARY CIRRHOSIS BELL'S PALSY DIABETIC RETINOPATHY
JUVENILE RHUMATOID ARTHRITIS STEVEN'S JOHNSON SYNDROME ARCUS
HYPOVITAMINOSIS A (XEROPHTHALMIA) IRRADIATION EYE DAMAGE
CICATRICAL OCULAR PEMPHIGOID CHEMICAL BURNS TO THE EYE
AGE RELATED MACULAR DEGENERATION

DO YOU OR ANY BLOOD RELATIVE HAVE ANY OTHER EYE DISEASE THE DOCTOR SHOULD KNOW ABOUT? _____

DO YOU TAKE ANY OF THE FOLLOWING MEDICATIONS?

DECONGESTANTS ANTIHISTAMINES DIURETICS HEART DISEASE MEDICATIONS
ULCER PRESCRIPTIONS ANTIDEPRESSANTS ANESTHETICS BETA BLOCKERS
HORMONE SUPPLEMENTS BIRTH CONTROL HI-DOSE VITAMINS ASPIRIN
ACNE MEDICATION

PLEASE LIST ALL MEDICATIONS BOTH OVER THE COUNTER AND PRESCRIPTIONS THAT YOU ARE CURRENTLY USING AND THE AILMENT THAT IT IS TREATING??

DO YOU CURRENTY USE TOBACCO OR ALCOHOL? _____
HAVE YOU BEEN TREATED FOR SUBSTANCE ABUSE _____ WHEN? _____

HOW DID YOU FIND OUT ABOUT EYECARE WASHINGTON, DR. GUBANY, DR WEAVER? _____

PAYMENT EXPECTED ON DAY OF VISIT, WE HAVE NO BILLING SYSTEM

I HAVE RECEIVED A COPY OF EYECARE WASHINGTON PRIVACY POLICY

SIGNATURE _____ DATE _____

Age Related Macular Degeneration Risk Factors & Visual Performance Assessment

Name _____

DOB _____ Age _____ Exam Date _____

AMD Risk Factors

(Please check all that apply)

- Family history of macular degeneration
- Low macular pigment
- Smoker (current or prior)
- Cardiovascular disease
- Light colored eyes
- Caucasian
- Female
- Overweight

Visual Performance Challenges

(Please check all that apply)

- Night driving difficulty
- Discomfort due to glare, night or day
- Sensitivity to bright light
- Difficulty seeing objects against their background (contrast sensitivity)

FOR OFFICE USE

PATIENT RISK DETERMINATION

of AMD Risk Factors _____

of Visual Performance Factors _____

MPOD Score _____ L / R



Age-Related Macular Degeneration (AMD) is the leading cause of vision loss in adults, currently affecting more than 15 million Americans. Its effects may be permanent and irreversible however you can reduce your risk. Consuming adequate quantities of dietary nutrients that support eye health on a regular basis has been demonstrated to reduce risk. Patients not routinely consuming these nutrients may supplement their diet with vitamins formulated specifically for eye health. Our doctors strongly recommend the QuantifEye® macular pigment optical density (MPOD) measurement to determine the density of the pigment in your macula. These pigments protect your visual cells and their density can be increased in most people. The measurement is not covered by insurance however it is available for a nominal fee and our doctor feels it is very important.

Visual Performance Challenges may be related to low MPOD. Routinely consuming adequate quantities of **zeaxanthin** and **lutein** has been scientifically demonstrated to increase MPOD, thereby improving visual performance factors such as glare recovery time, decreased bright light sensitivity, improved contrast sensitivity, and improved visual acuity (ability to read more letters and lines on an eye chart). Many also report an improved ability and confidence to drive at night after increasing their MPOD. Scientific evidence suggests macular pigment density may also be important for optimal visual performance in athletes, shooters, military personnel, commercial pilots, truck drivers, etc.

QuantifEye MPOD Test: Accept _____ Discuss _____