

Dr. Kenneth Chiu & Associates

Optometrists

1600 El Camino Real Blvd. • South San Francisco, CA 94080 • 650.992.5881

PATIENT INFORMATION – Please Print Legibly

Mr. Mrs. Ms. Dr.	Last Name	First Name	M.I.	Sex M F	Birthdate	Age
Address		City	State	Zip	Home Phone ()	
E-mail Address			Employer		Work Phone ()	
How did you hear about us?			Occupation		Cell Phone ()	

PATIENT HISTORY

- Primary reason for today's exam: **(check all that apply)**
routine eye exam contact lens exam vision/ eye health problem other _____
Age of present glasses: _____
Good vision with current glasses/contacts? **Distance** NO YES **Near** NO YES
- Check if you have been diagnosed with/there is a family history of:
Cataracts Glaucoma Other Eye Disease Diabetes High Blood Pressure
Details (date of diagnosis, etc.): _____
- Are you being treated for any medical conditions or taking any medications? NO YES
Please List: _____
- Are you allergic to any medications? NO YES
Please List: _____
- Check if you have had:
any **eye** infection, disease, injury, or surgery a crossed or lazy eye frequent headaches
If yes, please explain: _____
- Are you interested in LASIK? NO YES
- Are you interested in trying contact lenses? NO YES

DILATED PUPIL EXAMINATION

Dilating the pupils **with eye drops is necessary to obtain a better view inside your eyes** in order to ensure optimal eye health. **Many eye diseases can be diagnosed early through dilation which may not be detected otherwise.**

The **doctor recommends** having dilation today, especially if:

- You are experiencing **changes** in your vision.
- You have a **family history** of high blood pressure, diabetes, cataracts, glaucoma or other eye disease.
- You have **headaches** in which you think may be related to your eyes.
- You are a **first time patient** to this office.
- You have **not** had your eyes **dilated within the last 2 years.**
- You have **unusual visual symptoms**, such as "floaters" or "flashes of light."
- You have a **strong prescription** for glasses.

In most cases, having your eyes dilated will not affect your distance vision, **but you may experience some difficulty reading and mild sensitivity to light from three to five hours. Dilation will add approximately 30 minutes to your exam time.**

Having a dilated pupil examination is an additional **\$18**. If you have any questions regarding dilation, please ask the optometrist.

YES NO Date of last dilation: _____

Method of Payment:

CASH CHARGE (AMERICAN EXPRESS)