

# EYE HISTORY SHEET



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

OHIP #: \_\_\_\_\_ Other Health Plan Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Optometrist: \_\_\_\_\_

**Do you wear glasses?** Yes / No      **Do you wear contact lenses?** Yes / No

**Do you have problems:**      a) **reading?** Yes / No      b) **driving?** Yes / No

**Do you have any eye problems right now?** Please circle all that apply.

Eye Pain      Blurred Vision      Eyelid Crusting      Flashes/Floaters      Haloes  
Discharge      Light Sensitivity      Double Vision      Decreased Vision      Tearing

**Have you ever had an eye injury?** Please describe. \_\_\_\_\_

**Have you ever had eye surgery?** Please list eye surgery and dates.

\_\_\_\_\_

**Are you using any eye medications?** Please list the medications, which eye(s) and how often used.

\_\_\_\_\_

\_\_\_\_\_

**Do you have any medical conditions?** Please circle all that apply.

Diabetes      Asthma      High Blood Pressure      Heart Disease      Stroke      Arthritis  
Multiple Sclerosis      Migraines      Prostate Disease      Other: \_\_\_\_\_

**Please list all medications you are taking** (other than eye drops).

\_\_\_\_\_

\_\_\_\_\_

**Do you smoke?** Yes / No

**List the medications to which you are allergic.** \_\_\_\_\_

**Do you have a family history of eye problems?** Please circle any that apply.

Lazy/Crossed Eyes      Glaucoma      Cataracts      Macular Degeneration



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I am writing to you because you have an appointment to see me for a cataract assessment. We are looking forward to meeting you. Please remember to bring a list of your current medications. Your eyes will be dilated at this appointment and this can affect your vision for a few hours, so please make arrangements for your trip home.

The main goal of our office is to provide you with the best visual outcome possible. To help achieve this goal, some options that are not covered by your OHIP plan are available for you to consider. One option is special testing with the **IOLMaster**, and the second involves a choice among a range of intraocular lenses.

The **IOLMaster** uses laser technology to measure the length of the eye. Measuring the length of the eye accurately is extremely important in cataract surgery, as it allows the eye surgeon to select the right power lens to implant for each patient. The ultrasound testing we perform at my office is very accurate and is covered by OHIP. The **IOLMaster** is the latest technology in this area, and is more accurate than any other method, including the OHIP covered ultrasound test. **IOLMaster** testing is an option available for patients who would like the best possible accuracy available for lens selection. In many cases the increase in accuracy reduces the need for glasses after surgery. **IOLMaster** testing costs **\$150** for both eyes. About 80% of my patients choose to make use of **IOLMaster** technology.

Cataract surgery involves removing the cataract lens and replacing it with an artificial lens. OHIP pays for the insertion of a standard lens (**Sensar** lens) and I have had great success restoring the vision of my patients with this lens. About 1/3 of my patients choose the **Sensar** lens. Recent advances in technology give patients the option of choosing a lens to 1) improve their night vision and driving vision (**Wavefront** lens **\$110/eye** + **\$100** Wavefront Analysis fee + **\$150 IOLMaster**), or 2) reduce their astigmatism (**Acrysof Toric** lens **\$468/eye** + **\$100** corneal topography testing fee + **\$150 IOLMaster**), or 3) reduce the overall need for glasses (various lenses available, cost ranges between \$923 to \$1602 per eye + testing fees). These lenses are available for patients who want to use the latest technology to optimize their visual outcome.

If you are interested in selecting **IOLMaster** testing and/or the advanced technology lenses to help optimize your cataract surgery or if you would like more information, please let me or my staff know. I look forward to seeing you soon.

Sincerely,

Tim Hillson MD MA FRCSC  
Eye Physician and Surgeon

I'm interested in IOLMaster testing <input type="checkbox"/>	I'm interested in IOLMaster testing and one of the advanced technology lenses <input type="checkbox"/>	No thanks, I'd like to go with the OHIP covered options only <input type="checkbox"/>
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### **SENSAR**

Excellent foldable lens implanted through small incision, usually no suture needed

Conventional spherical optics technology

Provides optimal vision for one distance, patient choice to be more dependent on glasses for either reading or driving

Without additional surgery, patients with significant astigmatism before surgery will probably require glasses for most activities

THE PERFECT SENSAR PATIENT: **You want improved vision** and accept that glasses will be needed for some activities

Covered by OHIP, **no cost to patient**

### **Wavefront Lens (ie TECNIS, ACRYSOF IQ, AKREOS AO)**

Excellent foldable lens implanted through small incision, usually no suture needed

Aspheric optics technology, offering better vision for dim lighting such as night driving or driving in fog

Provides optimal vision for one distance, patient choice to be more dependent on glasses for either reading or driving

Without additional surgery, patients with significant astigmatism before surgery will probably require glasses for most activities

PERFECT WAVEFRONT PATIENT: **You want the best possible distance vision** and accept that glasses will be needed for some activities

Not covered by OHIP, patient pays OSMH **\$110 per eye + \$100** Wavefront Analysis testing fee + **\$150** IOLMaster test

### **ACRYSOF TORIC**

Excellent foldable lens implanted through small incision, usually no suture needed

Conventional spherical optics technology

Provides optimal vision for one distance, patient choice to be more dependent on glasses for either reading or driving

Patients with astigmatism before surgery will tend to have less or no astigmatism after surgery

THE PERFECT ACRYSOF TORIC PATIENT: **You have astigmatism** and would like to reduce or eliminate it during your cataract surgery

Not covered by OHIP, patient pays OSMH **\$468 per eye + \$100** Corneal Topography testing fee + **\$150** IOLMaster test

### **PRESBYOPIC LENSES (Restor 3.0, Tecnis Multifocal, Tetraflex)**

Excellent foldable lens implanted through small incision, usually no suture needed

Conventional spherical optics and Advanced Aspheric technology both available

Provides good vision without glasses for many near, intermediate, and distant activities

Patients with significant astigmatism before surgery will require a second surgery to address remaining astigmatism

THE PERFECT PRESBYOPIC LENS PATIENT: You want improved vision for distance and near with a **reduced need for glasses**

Not covered by OHIP, patient pays OSMH between **\$923 and \$1602 per eye** (depends on lens type selected) + **\$150** IOLMaster test

**NOT EVERY LENS IS RIGHT FOR EVERY PATIENT. DR HILLSON WILL HELP YOU DECIDE WHICH LENS IS RIGHT FOR YOU.**