

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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Dear Patient:

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

The retina is a thin, light-sensitive tissue lining the inside wall of the eye. The macula is the central 4-5 mm area of the retina responsible for central vision. The macula and retina are vulnerable to damage from many disease states including macular degeneration, diabetic retinopathy, vein and artery occlusions, and a range of inflammatory and degenerative conditions.

A dilated eye exam by an Eye MD provides a great deal of information about the health of your macula and retina. However, there are two other tests that may need to be done to gather more information about your eyes to determine whether treatment would be beneficial to you. These tests are Fluorescein Angiography and Optical Coherence Tomography.

Fluorescein Angiography

Fluorescein angiography is performed at Orillia Soldiers' Memorial Hospital to evaluate the blood vessels in eyes with macular or retinal disease. This study requires dilation of the pupils and a small injection of vegetable dye into a vein in your arm. A series of pictures of your macula and retina are then taken over approximately 15-20 minutes. Most patients tolerate this test very well without any side effects. Some patients feel nauseated for a few minutes.

Optical Coherence Tomography (OCT)

OCT is a retinal scan used to study the anatomy of the retina in fine detail. OCT testing requires dilation of the pupils but does not require a needle in the arm and does not involve touching the eye. A healthy retina is only $\frac{1}{4}$ of a millimeter thick, but it contains multiple layers of specialized cells. One layer converts light into nerve signals, another processes the nerve impulses, while another transmits these processed impulses to the brain where they are interpreted. OCT testing is like having an optical biopsy of the retina; it provides excellent visualization of these layers of the retina, and aids greatly in the diagnosis and treatment of retinal disorders.

Not every patient needs these tests. Fluorescein angiography and OCT are both covered by OHIP. My staff and I will discuss these tests with you and determine if any testing is required. I look forward to seeing you soon.

Sincerely,

Tim Hillson MD MA FRCSC
Eye Physician and Surgeon