

# 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:**

You have an appointment to see me for a glaucoma assessment. Please remember to bring a list of your current medications. Your visit will likely take about 90 minutes. 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.

Glaucoma is a relatively common disorder and is one of the leading causes of blindness in the world. It is a progressive disease of the optic nerve in the eye that results in visual field loss. The optic nerve carries visual signals from the eye to the brain. In the early stages of glaucoma there are often no symptoms to alert patients of the threat to vision, and only after much damage has occurred do patients notice a visual problem. Glaucoma is diagnosed and monitored using three main criteria: 1) the pressure inside the eye; 2) peripheral vision tests; and 3) optic nerve examination. The optic nerve examination is the most critical step in the diagnosis and monitoring of glaucoma, and is challenging even for the most experienced ophthalmologists.

A machine for the assessment of the optic nerve has recently become available and can be very helpful for the diagnosis and monitoring of glaucoma. The new machine is called the Optical Coherence Tomography (OCT). Using an advanced technology that creates a three dimensional image of the inner layers of the eye, the OCT detects very fine structural changes to the optic nerve and nerve fibre layer that can occur with glaucoma damage long before patients notice any changes in vision. The benefit of the OCT to the glaucoma patient is an earlier diagnosis and more sensitive disease monitoring, with necessary treatment provided to help prevent vision loss. The OCT provides me with more information about your eyes that has ever been available before, and gives me a significant advantage in helping to preserve your vision.

In Ontario OCT testing is covered by OHIP and when used to monitor glaucoma it is performed on a bi-annual basis, together with eye pressure readings and visual field testing. We do our best to schedule all testing for the same day, but given the large numbers of patients in our practice we sometimes have to schedule testing over more than one visit. I look forward to seeing you soon.

Sincerely,

Tim Hillson MD MA FRCSC  
Eye Physician and Surgeon