EYE HISTORY SHEET

TIM HILLSON MD MA FRCSC
EYE PHYSICIAN AND SURGEON

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

TIM HILLSON MD MA FRCSC
EYE PHYSICIAN AND SURGEON

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Dear Patient:

You have been referred to me for assessment of age-related macular degeneration (AMD) or a similar macular disease. I am writing to you offer some information and to help you to prepare for your appointment with me.

AMD is a disease of the macula, the most sensitive part of the retina, which is the light-sensitive film in the eye that allows us to see light. AMD affects the central vision, and interferes with reading, driving, and other activities that require good vision. There are two main types of AMD: the "dry" type, which usually progresses slowly, and the "wet" type, which can lead to rapid vision loss. Treating wet AMD is time sensitive, as delays can result in poorer visual outcomes in a matter of a week or less. My office will make every effort to arrange for your assessment and treatment as soon as possible. There are currently two main treatments available for wet AMD:

1) The first treatment is an injection with an anti-VEGF drug called Lucentis (ranibizumab). Lucentis works by inhibiting the growth of new blood vessels such as those found in "wet" AMD, and by shrinking existing leaky vessels. Some research has also shown the drug to be beneficial for restoring/preserving the vision of patients with other eye problems with macular thickening. Treatment with Lucentis involves injecting the drug into the eye. About 40% of AMD patients experience visual improvements with these injections, with some patients gaining significant amounts of vision. Complications with this procedure are rare, but include retinal tear (1%) and infection (0.1%). Lucentis is the preferred anti-VEGF drug in the treatment of "wet" AMD, as it has been developed and tested and proven safe and effective for use in the eye specifically. Lucentis is covered by OHIP for patients who have developed wet AMD within the past three months and who have not had photodynamic therapy. Following patients being treated with anti-VEGF drugs require special testing. Patients require an average of nine treatments per year, at four to six week intervals.

2) The second treatment is called photodynamic therapy (PDT). PDT involves injecting a drug (visudyne) into the bloodstream and then activating the drug in the macula using a laser. The drug works to seal up the leaking blood vessels in the macula. Visudyne makes patients light sensitive for 48 hours, so special precautions must be taken to stay out of bright light following treatment with PDT. PDT prevents further loss of vision from AMD in 2/3 of patients, but only 17% of patients see visual improvement with PDT. About 4% of patients have a decrease in vision after PDT; for most patients this loss is temporary.

OHIP would like physicians to choose either Lucentis or PDT as a treatment for AMD, but not both. As Lucentis is so much more effective than PDT, I almost always choose Lucentis as a treatment and only choose to use PDT in patients who cannot tolerate the idea of an injection in the eye or who have not had success with Lucentis treatments.

Patients under 65 years of age or with other retinal diseases may benefit from Lucentis but may not qualify for OHIP coverage. For these patients, I usually use another anti-VEGF drug named Avastin (bevacizumab) that is similar to Lucentis in its effect but much less expensive. Avastin injections cost $360 versus around $1800 for Lucentis.

When I see you I will discuss PDT and anti-VEGF injections with you and let you know if I think you would benefit from these treatments. If you require further information please refer to our website (www.visualsurgery.com) or talk to me or my staff at your appointment. I look forward to seeing you soon.

Sincerely,

Tim Hillson MD MA FRCSC

T I M H I L L S O N M D M A F R C S C
E Y E P H Y S I C I A N A N D S U R G E O N
S U I T E 2 - 3 8 4 W E S T S T R E E T N O R T H
O R I L L I A O N T A R I O L 3 V 5 3 6
P H O N E 7 0 5 - 3 2 5 - 6 5 9 1 , F A X 7 0 5 - 3 2 5 - 9 3 0 9

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 you 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 ¼ 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 intrepreted. 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