

**Welcome to Today's Vision**  
**Office of Dr. Gregory Breaux, O.D.**

Please complete the following information. Should you need assistance in completing the form, please ask the staff for assistance.

**General Information**

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Insurance Information**

Name of Medical Insurance: \_\_\_\_\_  
Name of Vision Plan (VSP, EyeMed or Other): \_\_\_\_\_

**General Health**

Do you have?

- |  |           |                       |
|--|-----------|-----------------------|
| 1. Cardiovascular Problems:  | Yes or No | Please explain: _____ |
| 2. High Blood Pressure:  | Yes or No | Please explain: _____ |
| 3. Endocrine/Hormonal/<br>Thyroid Problems:  | Yes or No | Please explain: _____ |
| 4. Diabetes:   | Yes or No | How long: _____       |
| 5. Gastro-Intestinal Problems:   | Yes or No | Please explain: _____ |
| 6. Genitourinary or Kidney<br>Problems:  | Yes or No | Please explain: _____ |
| 7. Blood or Lymphatic Disorders  | Yes or No | Please explain: _____ |
| 8. Immune System Problems:   | Yes or No | Please explain: _____ |
| 9. Skin Problems:  | Yes or No | Please explain: _____ |
| 10. Muscle or Bone Problems:   | Yes or No | Please explain: _____ |
| 11. Brain or Neurological Problems:  | Yes or No | Please explain: _____ |
| 12. Psychiatric Problems:  | Yes or No | Please explain: _____ |
| 13. Respiratory or Breathing<br>Problems:  | Yes or No | Please explain: _____ |
| 14. Do you or someone in your family have glaucoma, macular degeneration or other type of eye disease? |           | _____                 |
| 15. Do you have headaches?   |           | _____                 |
| 16. Do you have double vision?   |           | _____                 |
| 17. Do you wear contacts, if so which type?  |           | _____                 |

**Pupil Dilation**

Dilation of the pupil is now considered standard procedure as part of a comprehensive eye examination. Dilating drops enlarge the size of the pupil (the central black spot of eye) and allow the doctor a more thorough examination of the retina (back of the eye). Dilation assists in detection of glaucoma, cataracts, diabetic and hypertensive retinal changes, retinal degenerative changes, retinal holes, retinal tears and detachment and some types of tumors. Side effects are light sensitivity (4 to 6 hours) and trouble focusing up close (2 to 3 hours). It is possible, however unlikely, that dilation could precipitate a sudden rise in the eye pressure. If the doctor determines you are at risk, your pupils will not be dilated. You will usually be able to drive home.

I agree to dilation: Yes \_\_\_\_\_ No \_\_\_\_\_

**Referred By**

Family      Friend      Doctor      Yellowbook      Coupon      Walk-in      Insurance  
If personally referred, whom may we thank for the referral? \_\_\_\_\_