

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: _____ cell / work / other (circle one)

Email address: _____ (consent to appointment reminders by email? Yes / No)

OHIP #: _____ Version Code: _____

Other Insurance (ie Trillium, Sun Life): Name: _____ Policy/Plan # _____ Group # _____

Family Doctor: _____ City: _____ Optometrist: _____

Do you wear glasses? Yes / No

Do you wear contact lenses? Yes / No

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

Trouble Reading	Eye Pain	Blurred Vision	Eyelid Crusting	Flashes/Floaters	Haloes
Trouble Driving	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 surgeon, 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	Cancer	Other: _____

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

Do you smoke? Yes / No / Former Smoker **Do you drink alcohol?** 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

I am aware that missing an appointment not due to weather without giving 24 hours notice will result in a rebooking fee of \$50 for an office appointment, \$50 for an ambulatory care appointment, and \$100 for an operating room appointment. (your signature here please) _____.



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YAG Laser Capsulotomy

What is a YAG laser capsulotomy?

Approximately 20% of cataract patients will develop haze on the membrane behind the intraocular lens implant following cataract surgery, which results in diminished vision. The vision may be blurred, hazy, or is associated with significant glare and loss of visual acuity. This condition is known as posterior capsule opacity. In YAG Laser Capsulotomy, a laser is used to create an opening in the hazy capsule situated behind the IOL implant to allow you to see more clearly.

What happens during the procedure?

This procedure is performed in the laser room at OSMH. Dr Hillson uses eye drops to numb your eye and to make the pupil large. A special contact lens is put on your eye to help direct the laser's high-energy beam of light at the capsule behind the implant lens in your eye. The laser makes an opening in the capsule. You will see a few brief flashes of light and feel little, if any, discomfort. The procedure usually takes less than 5 minutes. You will be able to go home soon after it is done.

What happens after the procedure?

Your vision will probably be blurred for a short period, but then it should clear in an hour or two. You will not need to wear an eye patch and you may resume normal activities immediately. You can anticipate some "floaters" following this procedure, however, these will likely resolve within a few weeks time. **If your vision does not clear within a few hours, if the vision worsens or you lose peripheral vision, or if you feel any pain or discomfort, call Dr Hillson. If it is the evening or the weekend and you are having problems, you should go to emergency to be assessed.** Dr Hillson will want to check you at his office that afternoon to make sure the eye pressure is normal.

What are the risks?

There are some risks with the laser treatment such as inflammation, retinal detachment, lens dislocation, and raised pressure in the eye. Rarely the procedure may need to be repeated. Each of these problems is potentially serious, but they are each very uncommon. If you have any questions about the risks of this laser treatment, ask Dr Hillson.

You will have an appointment at 12:45 pm the same day of your surgery in Dr. Hillson's office to check the eye pressure.

Remember to use your Voltaren drops four times a day for five days after the laser surgery. You will receive the prescription from Dr. Hillson after the surgery is completed.