

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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We are looking forward to meeting you for a cataract assessment. Please remember to bring a list of your current medications. 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.

The main goal of our office is to provide you with the best visual outcome possible. To help achieve this goal, some options that are not covered by your OHIP plan are available for you to consider. One option is special testing with the **IOLMaster**, and the second involves a choice among a range of intraocular lenses.

1) The **IOLMaster** uses laser technology to measure the length of the eye. Measuring the length of the eye accurately is important in cataract surgery, as it allows the eye surgeon to select the right power of lens to implant for each patient. The ultrasound testing we perform at my office is accurate and is covered by OHIP. The **IOLMaster** is more accurate than the OHIP covered ultrasound test. In many cases the increase in accuracy reduces the need for glasses after surgery. **IOLMaster** testing costs **\$200** for both eyes. About 80% of my patients choose **IOLMaster** technology.

2) Cataract surgery involves removing the cataract lens and replacing it with an artificial lens. Patients have the option of choosing the OHIP covered lens or an advanced technology lens. The attached table gives more details on each lens type. Advanced lenses offer a variety of benefits including better vision in dim lighting, astigmatism reduction, and better intermediate vision. Additionally, we do **Wavefront Testing** (\$150) for any patient selecting one of these non-OHIP covered lenses to ensure that corneal irregularities are detected and considered. If you are interested in selecting one of these options please let us know.

A few things are different at the office because of the COVID-19 pandemic. **Please do not arrive early to your appointment.** We are doing everything we can to reduce the chances of you getting sick. Air is filtered and air quality is monitored. If you don't have your own mask you will be provided with one to wear during your visit in the office.

Please let us know if you are unvaccinated or if you have:

- fever, new cough or worsening of chronic cough, shortness of breath, or difficulty breathing
- close contact with anyone with respiratory illness or travel out of Canada in the past 14 days
- confirmed case of COVID-19 or had close contact with a confirmed case
- Two (2) or more of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, impaired sense of smell, chills, headaches, fatigue, diarrhea, abdominal pain, or nausea/vomiting
- If over 65 years of age: delirium, falls, worsening of chronic condition

If you answer yes to any of the above, please let us know so we can reschedule your appointment for a time when you feel better, and we can help you get in for an assessment if needed.

We are looking forward to meeting you and helping you with your vision!

Sincerely,
Dr. Hillson and Staff



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CHOOSE THE LENS THAT IS RIGHT FOR YOU

STANDARD MONOFOCAL LENS

Conventional spherical optics technology

Provides optimal vision for one distance, patients choose between needing glasses for *either* reading *or* driving

Patients with pre-existing astigmatism will require glasses for most activities

PERFECT STANDARD LENS PATIENT: **Wants improved vision** and would like to avoid additional expenses

Covered by OHIP, **no cost to patient, \$200** IOLMaster testing is optional

MONOFOCAL WAVEFRONT LENS

Aspheric optics technology, offering better vision for dim lighting and low contrast such as night driving or driving in fog

Provides optimal vision for one distance, patient choice to be more dependent on glasses for *either* reading *or* driving

Patients with pre-existing astigmatism will require glasses for most activities

PERFECT WAVEFRONT PATIENT: **Wants the best possible distance vision** and accept that glasses will be needed for some activities

Not covered by OHIP, patient pays OSMH **\$130 per eye + \$150** Wavefront Analysis test + **\$200** IOLMaster test

MONOFOCAL "PLUS" WAVEFRONT LENS

Aspheric optics technology, offering better vision for dim lighting and low contrast such as night driving or driving in fog

Provides optimal vision for long distance with better intermediate vision (not reading) than the standard or wavefront lenses

Patients with pre-existing astigmatism would do better with a toric lens

PERFECT MONOFOCAL "PLUS" PATIENT: **Wants best possible distance vision and would also like better intermediate distance vision**

Not covered by OHIP, patient pays OSMH **\$290 per eye + \$150** Wavefront Analysis test + **\$200** IOLMaster test

MONOFOCAL TORIC LENS / MONOFOCAL "PLUS" TORIC LENS

Aspheric optics technology

Provides optimal vision for one distance, patient choice to be more dependent on glasses for *either* reading *or* driving

Patients with astigmatism before surgery will tend to have less or no astigmatism after surgery

PERFECT ACRYSOF TORIC PATIENT: **You have astigmatism** and would like to reduce or eliminate it during your cataract surgery

Not covered by OHIP, patient pays OSMH **\$410 per eye + \$150** Wavefront Analysis test + **\$200** IOLMaster test + **\$150** Toric fee

Available with MONOFOCAL PLUS, patient pays OSMH **\$740 per eye + \$150** Wavefront Analysis test + **\$200** IOLMaster test + **\$150** Toric fee

MULTIFOCAL/ACCOMMODATING LENSES

Aspheric optics technology, provides good vision without glasses for many near, intermediate, and distant activities

Options to reduce astigmatism are available

PERFECT MULTIFOCAL/ACCOMMODATING LENS PATIENT: You want **reduced need for glasses**, willing to tolerate glare and haloes

Not covered by OHIP, patient pays OSMH between **\$890** and **\$1035 per eye + \$150** Wavefront Analysis test + **\$200** IOLMaster test

ALL LENSES ARE FOLDED AND IMPLANTED THROUGH A SMALL INCISION, USUALLY NO SUTURE IS NEEDED
NOT EVERY LENS IS RIGHT FOR EVERY PATIENT. DR HILLSON WILL HELP YOU DECIDE WHICH LENS IS RIGHT FOR YOU.