FORSYTH
EYE HEALTH AND SURGERY
Susanna Ringeman, MD

Today's Date: _____

Appointment Date/Time: _____

Dear _____

Welcome to Forsyth Eye Health and Surgery!

We appreciate you trusting us for your eye health and surgical needs, and we look forward to meeting you soon.

To help prepare for your cataract evaluation, here are a few things to consider for the day of your appointment.

Please note we are NOT affiliated with Atrium WFBH or Novant Health and will NOT have any information from your MyChart

Bring the following to your visit:

- Photo ID and all health insurance cards.
- **Completed Patient Information Forms.**
- A list of any medication and supplements including dosages (prescribed and over the counter).
- Expect your visit to last 1 to 1.5 hours.
- This visit is to evaluate your eyes for cataract surgery and includes a dilated eye exam.
- If you wear soft contact lenses, please be out of them for 2 weeks prior to your visit in order to obtain accurate imaging. If you are wearing hard contact lenses be out of them for 1 month.
- If you have eyeglasses or contact lenses (even if you no longer wear them) please bring them to your appointment (including contact lens boxes).
- You will receive a text message with quick access to information about your lens options for cataract surgery. Dr. Ringeman requests that you please watch the brief videos prior to your appointment.

2827 Lyndhurst Avenue, Suite 204, Winston-Salem, NC 27103
O: (336) 842-5477 F: (336) 602-2591 forsytheyehealth.com

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If you decide not to have cataract surgery and would like a new glasses prescription, **a refraction fee of $65.00** is due at the time of service.

Additional information to consider for your upcoming visit... Please be prepared to pay your medical insurance deductible and/or copay at the time of service. Any unpaid visits due to invalid insurance will become the patient's responsibility.

Thank you again for choosing Forsyth Eye Health and Surgery. Our practice can only grow and improve with feedback from you, so please let us know how we are doing. We hope you have a wonderful experience, and if so, please do not hesitate to tell your friends about us! We look forward to seeing you soon!

Sincerely,

Dr. Ringeman and Staff

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Name_____ Date of Birth (DOB)_____/_____/_____
Address_____
City_____ State_____ Zip Code_____
Social Security #_____ Email_____

Home_____ Cell_____ Marital Status_____
Spouse Name_____ Spouse Phone#_____

Employer_____ Occupation_____
Address_____
City_____ State_____ Zip Code_____

Hippa/Emergency Contact_____Relationship_____
Secondary Emergency Contact_____Relationship_____
Primary Phone #_____ Secondary Phone#_____

Primary Care Physician_____ Referred by_____
Pharmacy _____ Phone #_____
Address_____
City_____ State_____ Zip Code_____

Primary Insurance Company_____
Policy Holder_____Date of Birth _____/_____/_____
ID#_____ Group#_____ Relationship _____
Secondary Insurance Company_____
Policy Holder_____Date of Birth _____/_____/_____
ID#_____ Group#_____ Relationship _____
If you have Medicare, do either you or your spouse work full time? Yes or No

Do you wear glasses: **Y / N** Do you wear contact lenses: **Y / N** Date of last eye exam: _____/_____/_____
*** We do not prescribe contact lenses or fit glasses***

Do you use: Tobacco_____ Alcohol_____ Drug Use_____
Allergies: _____
Surgeries: _____

Medical History	Yourself	Family Member	Medical History	Yourself	Family Member
Glaucoma			Cancer		
Crossed or "Lazy" Eyes			Low Blood Pressure <100/60		
Macular Degeneration			Low Heart Rate <60 beats/min		
Retinal Detachment			Anemia (low blood count)		
High Blood Pressure			Migraine Headaches		
Diabetes			Sleep Apnea		
Heart Attacks/Disease			Raynaud's Phenomenon		
Stroke			Autoimmune Disease (i.e. Lupus, Rheumatoid Arthritis, HIV)		
Thyroid Disease					
Kidney Disease			Elevated Cholesterol		

Medication Name	Dosage	Medication Name	Dosage

Review of Systems:

Constitutional	☐ Fever	☐ Chills	☐ Fatigue	☐ Unexpected Weight Loss	☐ Loss of appetite
Integumentary	☐ Acne	☐ Rash	☐ Moles	☐ Itching	☐ Other
Eyes	☐ Blurry Vision	☐ Double Vision	☐ Foreign Body Sensation	☐ Frequent Watering	☐ Sensitive to light
HENT	☐ Hearing Loss	☐ Sinus Congestion	☐ Sore Throat	☐ Runny Nose	☐ Dental Problems
Respiratory	☐ Cough	☐ Shortness of Breath	☐ Wheezing	☐ Coughing Blood	
Cardiovascular	☐ Chest Pain	☐ Irregular Heartbeat	☐ Palpitations		☐ Other
Gastrointestinal	☐ Nausea	☐ Vomiting	☐ Diarrhea/Constipation	☐ Acid Reflux	☐ Bloody Stools
Genitourinary	☐ Incontinence		☐ Frequent Urgent Urination	☐ Urinary Pain	☐ Bloody Urine
Endocrine	☐ Hair Loss	☐ Hot Flashes	☐ Cold/Heat Intolerance	☐ Increase Thirst	☐ Excessive BodyHair
Heme-Lymph	☐ Easy Bruising	☐ Clotting/ Bleeding Disorder	☐ Enlarged Lymph Nodes		☐ Other
Musculoskeletal	☐ Muscle Pain	☐ Joint Pain	☐ Joint Swelling	☐ Abnormal Spine Curvature	
Neurologic/Psychiatric	☐ Numbness/ Tingling		☐ Dizzy Spells	☐ Memory Loss	☐ Depression/ Anxiety

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Acknowledgement of Financial Responsibility and Assignment of Insurance Benefits:

I guarantee payment to Forsyth Eye Health and Surgery of all charges for services provided. I understand I am personally responsible for all charges not covered by insurance. I authorize payment of surgical and medical benefits, which would otherwise be made payable to me, to Forsyth Eye Health and Surgery for services rendered.

Acknowledgment of Cancellation Policy:

We ask that you provide at least 24 hours of notice if you are unable to keep your scheduled appointment. If you arrive more than 15 minutes late for your scheduled appointment, we may need to reschedule your appointment. You may be subject to a fee for missed appointments. Multiple repeat occurrences may result in dismissal from our practice.

Acknowledgement of Pharmacologic Dilation:

We recommend a Dilated Examination as a baseline for new patients, for most diabetics and glaucoma patients, for certain other symptoms, and for established patients at certain reasonable intervals. This testing involves eyedrops that temporarily enlarges your pupils. Side effects include sensitivity to light and blurred near vision, expected to last approximately 4-24 hours in most patients.

☐ **YES,** I understand the side effects of pupil dilation and agree to this procedure on my first exam and any subsequent exam deemed medically necessary.

☐ **NO,** I prefer not to have my pupils dilated, even if it is recommended by my eye doctor. I understand that I could have diseases which remain undetected if I refuse a dilated examination.

Acknowledgment of Notice of Privacy Practices:

I voluntarily consent to healthcare treatment from Dr. Ringeman and staff at Forsyth Eye Health and Surgery. I am aware that the practice of medicine is not an exact science. No guarantees have been made to me as the result of treatments and examinations by Dr. Ringeman. I consent to the use and disclosure of protected health information about me for treatment, payment, and healthcare operations. I authorize Forsyth Eye Health and Surgery to release information acquired in the course of my examination and treatment to my insurance carriers. I have been made aware of Forsyth Eye Health and Surgery's Notice of Privacy Practice (available at the front desk). I have had the opportunity to ask questions and my questions have been answered

By signing below, you agree that you have read and understand the information above that has been provided to you.

Patient Name (Print)	Date of Birth	Date of Signature
Signature of Patient or Personal Representative	Relationship to Patient if signing for patient	

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Patient Name: _____ DOB: _____ Date: _____

VF – 14 QOL Questionnaire

Please fill this form out and bring it with you when you come in for your examination.

Contact Lens Wearers: If you wear contact lenses, you have the choice to continue wearing them, including to your appointment, but please bring your glasses. You can also stop wearing your contact lenses for the 2 weeks prior to your appointment. This will allow us to take measurements of your eye at the time of your consultation. If you decide to keep wearing the contact lenses, and you are a candidate for surgery, you will be scheduled to return for the measurements later, when you have stopped wearing your contact lenses for 2 weeks.

Because of your vision, how much difficulty do you have with the following activities?

Check the box that best describes how much difficulty you have, even with glasses.

If you do not perform the activity for reasons unrelated to your vision, circle "N/A".

Activity	N/A	None	A Little	Moderate	Great Deal	Unable to Do
1. Reading small print, such as medicine bottle labels, a telephone book, or food labels	N/A					
2. Reading a newspaper or a book	N/A					
3.Reading a large-print book or large-print newspaper or numbers on a telephone	N/A					
4. Recognizing people when they are close to you	N/A					
5. Seeing steps, stairs, or curbs	N/A					
6. Reading traffic signs, street signs or store signs	N/A					
7. Doing fine handwork like sewing, knitting, crocheting, or carpentry	N/A					
8. Writing checks or filling out forms	N/A					
9. Playing games such as bingo, dominos, card games, or mahjong	N/A					
10. Taking part in sports like bowling, handball, tennis, or golf	N/A					
11. Cooking	N/A					
12. Watching television	N/A					
13. Driving during the day	N/A					
14. Driving at night	N/A					

Patient Signature: _____

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Lens Options for Cataract Surgery

(Please read this form in its entirety)

Cataract surgery involves removing your clouded lens and replacing it with an artificial intraocular lens (**also called an IOL**) to improve your vision. However, not all IOLs are the same. Choosing the lens for you can be confusing. The information below helps explain your options.

In choosing the right lens for you, consider your goals for after cataract surgery. Is glasses independence important to you? Where is the most important range for you to have focused and clear vision after surgery? Do you have specific hobbies or a job that may influence your choice for you preferred range of clear vision? Do you have a history or previous eye surgery including Lasik or refractive surgery?

Intraocular Lens Options (IOL)

Monofocal (standard) lenses are designed to provide the best possible vision at one distance. You decide which is most important to you. It is called monofocal because it has one focusing distance. It is set to focus for close work, medium range, or distance vision depending on your visual needs. Most people who choose a monofocal IOL have their lens set for distance vision. They use reading glasses for near vison tasks. A monofocal lens **is covered** by your insurance.

Toric lenses have extra built-in correction for astigmatism. Astigmatism is when the eye's focusing power differs in different directions. For example, when the focusing power of the eye is greater horizontally, and less vertically, astigmatism is present. Another way to put it is that an eye with astigmatism is shaped more like a football than a basketball. Toric lenses reduce your astigmatism to help improve the quality of your vison. Toric lenses are **not covered** by insurance plans.

Monovision is where one eye is implanted with a monfocal lens aiming for distance vision, and the other (non-dominant) eye has a monofocal lens aiming for near vision. It is used frequently with cataract surgery to decrease a person's dependency on reading glasses and computer glasses after surgery. However, reading glasses may still occasionally be required for some near work and reading fine print.

Monovision does not work for everyone and some people are unable to adapt to using one eye for distance viewing and one for near/intermediate viewing. Monovision works well in people who have experienced mono vision with contact lenses prior to cataract surgery. Limitation can include loss of depth perception and still needing to wear glasses for driving and other distance activities.

Presbyopia- correcting lenses (also called multifocal/trifocal or extended depth-of-focus lenses) correct both near, intermediate, and far vision. Astigmatism can also be corrected with these lenses. For many people, this means

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depending less on distance glasses and reading glasses after cataract surgery. Presbyopia correcting lenses are **not covered** by insurance plans.

- **Multifocal IOLs** have corrective zones or focusing powers built into the lens, much like bifocal or trifocal eyeglasses, which allow good vision at most ranges at all times. It may allow you to see clearly in the distance without glasses as well as read or use a computer, also without using glasses. You still may need glasses for some circumstances such as reading small newspaper print. The different zones of the IOL focus light differently, splitting the light between seeing near, intermediate, and far.

- **Extended depth-of-focus (EDOF) IOLs** have only one corrective zone, but this one is stretched to allow for good distance and intermediate vision and also focus functional near vision. You may still need to wear reading glasses for very small print and low light conditions. There also tends to be less concern for glare and halos with night driving after surgery.

In general, presbyopia correcting lenses should be avoided if you have other eye disease (such as glaucoma, macular degeneration, diabetic retinopathy) or are at risk of developing such eye diseases. Also, if you are a very detail oriented person, you may not enjoy these lenses due to the optical side effects that are often noted by people who have presbyopia correcting lenses implanted. The special optics of the presbyopia correcting lens may cause you to see halos or sparkles around lights, particularly when driving at night after cataract surgery. These may not bother you, but some people are so bothered by these optical effects they may need further surgery to exchange the lens, which can have an increased risk of complications.

Femto Second Laser-Assisted Cataract Surgery

Femto Second Laser-Assisted Cataract Surgery, or FLACS, augments some of the steps for cataract surgery. The laser acts to soften the cataract, allowing for easier and smoother removal. It also helps improve accuracy with lens centration and stability. Additionally, the laser corrects mild astigmatism by relaxing the cornea at a precise depth, length, and orientation in a very precise and effective manner. Overall, these thigs serve to optimize your visual outcome.

By signing below, you acknowledge you have read this informational material in its entirety that has been given to you by Forsyth Eye Health and Surgery. This material is designed to prepare you for your future cataract evaluation and educate you of your lens options. You agree that you have had the opportunity to ask questions and your questions have been answered.

Patient Name (Print)	Date of Birth
Signature of Patient or Personal Representative	Date of Signature