COMMONWEALTH

EYE SURGERY

PATIENT FORMS

REVISED JANUARY 2022

COMMONWEALTH
EYE SURGERY

Patient Name: _____

Please complete the enclosed forms and bring to your appointment.

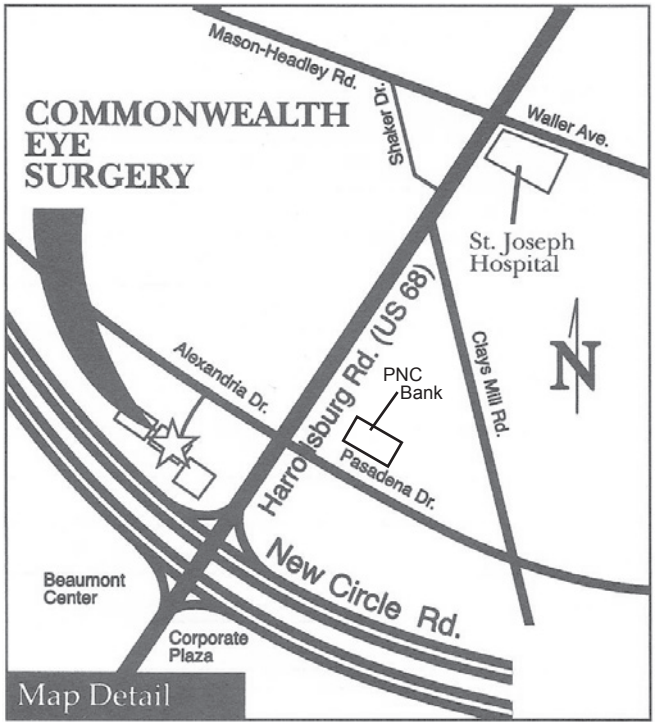
❍ Monday ❍ Tuesday ❍ Wednesday ❍ Thursday ❍ Friday

_____ at _____ AM/ PM

Thank you for choosing Commonwealth Eye Surgery! Before your visit, please take a moment to read the following:

- New patients, please report 15 minutes prior to your appointment and established patients, you should arrive promptly at your appointment time.
- New patients will receive a text 10 days prior to their evaluation that includes an electronic version of the new patient registration forms. You can complete these on your mobile device or computer. If you choose to complete your new patient paperwork electronically, you do not need to complete the hard copies in this packet.
- If you're an established patient that hasn't been seen by our office in the past 3 years, we will ask you to complete the registration forms again. You can contact our office using our webchat feature on www.commonwealtheyes.com to request the forms electronically.
- Dress warm. The diagnostic & treatment suites in our facility require a cooler temperature, so please bring a sweater or jacket so you'll be more comfortable.
- Your visit will include testing and thorough exam by our trained medical staff. We want to make sure we provide you with the best care possible. It is not unusual for exams to last in excess of 3 hours. Please let our front office know if another appointment time might suit your schedule better
- Patients that have an active power of attorney (POA) are **required** to bring POA paper work along with their POA to sign consents for the evaluation and surgery.

- Commonwealth Eye Surgery **CAN NOT** accommodate patients who are...
  - Under the age of 18
  - Weight over 400 lbs
  - Not **Ambulatory & Stable**; patients must be able to get out of a wheelchair on their own or they **ARE NOT** candidates for our ambulatory surgery center.



Directions to Commonwealth Eye Surgery

Coming from New Circle Road: Take the Harrodsburg Road exit (US 68) and turn north, toward the center of the town. Turn left on Alexandria Drive after the New Circle Road interchange. Turn left into the first entrance drive. Enter the lobby of the Cygnus Building and take the elevator to the second floor. Our office is the second suite on the right of the hallway - suite number 260.

2353 Alexandria Drive | Suite 260
Lexington, Kentucky 40504-3264

(859) 224-2655 or
Toll Free 1-800-248-2307

KLARA

We communicate appointment reminders via secure text with KLARA.

COMMONWEALTH
EYE SURGERY

CURRENT MEDICATIONS/ALLERGIES

PLEASE COMPLETE ONLY THE SHADED AREAS

Patient Name: _____

It is important that you record below **all** medications you are taking:

NAME OF MEDICATION	HOW MUCH / HOW OFTEN	FOR WHAT MEDICAL CONDITION ARE YOU TAKING THIS?
Example: Inderal	20 mg 3 times a day	High Blood Pressure
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

PHARMACY INFORMATION

Name: _____ City: _____ Phone: _____

Name: _____ City: _____ Phone: _____

Date Initiated: _____ Date Updated: _____

ALLERGY	REACTION
Example: Sulfa	Hives/Trouble Breathing
1.	
2.	
3.	
4.	

❍ No Known Allergies ❍ LATEX Allergy

COMMONWEALTH
EYE SURGERY

(859) 224-2655 | 2353 Alexandria Drive, Suite 260 | Lexington, KY 40504

Lance S. Ferguson, M.D. | Gary N. Wörtz, M.D. | Howell M. Findley, O.D. | R. Marty Smith, O.D. | Tania Patel, O.D.

NEW PATIENT REGISTRATION

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____
If Different From Mailing Address

County Of Residence: _____ Age: _____ Birth Date: _____ Social Security Number: _____

E-mail: _____ Cell Number: _____ Home Number: _____

Sex: ❍ Male ❍ Female ❍ Other Title: ❍ Mr. ❍ Mrs. ❍ Miss ❍ Ms. ❍ Dr.

Marital Status: ❍ Single ❍ Divorced ❍ Married ❍ Separated ❍ Widowed

Ethnic Origin: ❍ White ❍ Asian Or Pacific Islander ❍ Hispanic ❍ Black ❍ American Indian / Alaskan ❍ Unknown

Patient's Occupation: _____ Employer's Name: _____ Employer's Phone: _____

Employer's Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Referring Doctor: _____ City: _____ Family Doctor: _____ City: _____

Emergency Contact: _____ Phone: _____ Relationship To Patient: _____

Alternate Phone: _____

Do you have a Power of Attorney (POA) ❍ Yes ❍ No Work Related? ❍ Yes ❍ No Auto/Other Accident Related? ❍ Yes ❍ No

At Commonwealth Eye Surgery, we are committed to treating and using protected health information about you responsibly. You may view our Notice of Health Information Practices on our website at www.commonwealtheyes.com or you will be offered a copy of this policy at the time of your first treatment. Signing below acknowledges you have reviewed this policy and find it acceptable.

Signature _____ Printed Name _____ Date _____

I consent to treatment necessary for the care of the above-named patient.

I authorize the release of all medical records to the referring and family physicians and to my insurance company, if applicable.

I authorize commonwealth eye surgery to use photos or information concerning my case in the interest of medical education, and I understand that I will not be identified by name.

I acknowledge that I am responsible for payment at the time of each visit for all services rendered by Lance S. Ferguson, M.D., P.S.C., and Commonwealth Eye Surgicenter, which are not covered by an assigned insurance or agency authorization or for which no prior payment arrangement has been made.

I agree to pay all reasonable attorney fees and collection costs in the event of default of payment of my charges.

I read and fully understand the above consent for treatment, financial responsibility, release of medical information, and insurance authorization.

Patient's (or other authorized person's) signature: _____ Date: _____

ACCT. # _____

COMMONWEALTH
EYE SURGERY

(859) 224-2655 | 2353 Alexandria Drive, Suite 260 | Lexington, KY 40504

Lance S. Ferguson, M.D. | Gary N. Wörtz, M.D. | Howell M. Findley, O.D. | R. Marty Smith, O.D. | Tania Patel, O.D.

FUNCTIONAL VISUAL PROBLEMS

Name: _____

Reason for exam today (in your own words): _____

_____

_____

Blurry vision can impact many aspects of your life. Please mark any of the following that you have trouble with due to your vision:

GENERAL

- ❍ Television shows, captions, guides, sports scores
- ❍ Seeing to perform at work/job
- ❍ Distinguishing colors
- ❍ Depth perception (walking down steps, curbs, parking)
- ❍ Seeing to get around your home
- ❍ Seeing at night
- ❍ When exposed to bright lights or sunlight
- ❍ Other _____

READING

- ❍ Books, tablets (iPad/Kindle)
- ❍ Cell Phone (texts, contacts, e-mail)
- ❍ Newspaper, phone book, mail
- ❍ Medication bottles
- ❍ Other _____

HOBBIES

- ❍ Golf (seeing ball, judging distances, etc)
- ❍ Sewing, knitting, etc.
- ❍ Fishing/hunting
- ❍ Computer
- ❍ Cooking (seeing recipes, labels, etc)
- ❍ Other _____

DRIVING

- ❍ Seeing road signs clearly
- ❍ At night
- ❍ In the rain (glare bothersome)
- ❍ In the sunlight (glare bothersome)
- ❍ Approaching vehicle headlights (glare bothersome)
- ❍ Distinguishing stop lights
- ❍ Other _____

If you could choose, which <u>one</u> activity would you most enjoy without glasses?

❍ Reading fine print ❍ Computer ❍ Driving ❍ I'm ok with wearing glasses at all distances ❍ I prefer freedom from glasses at all distances

Which of these most describes your lifestyle?

❍ Computer/Desk work ❍ Driving ❍ Engineering ❍ Healthcare ❍ Hobbies ❍ Pilot ❍ Reading ❍ Retired

Are you interested in Laser Cataract surgery understanding that it requires payment over and above what insurance covers?
(Out of pocket costs start at $1850 per eye.) ❍ Yes ❍ No ❍ Somewhat

How would you describe your personality? Place an x on the scale below.

Easy Going ——————————————————— Perfectionist

Patient's Signature: _____ Date: _____

COMMONWEALTH
EYE SURGERY

PATIENT HISTORY

Name: _____ Height: _____ Weight: _____

Family Physician: _____ Phone #: _____

Pharmacy: _____ Phone #: _____

Disease History

Do you smoke? ❍ No ❍ Yes _____ packs/day. Are you a former smoker? ❍ No ❍ Yes Start Date _____ End Date _____

Do you consume alcohol? ❍ No ❍ Yes How often? _____ Do you use any recreational drugs? ❍ No ❍ Yes

Do you have or have you had any of the following:

Eyes
❍ Cataract
❍ Eye trauma/eye injury
❍ Eye turning in/out
❍ Glaucoma
❍ History of eye surgery
❍ History of head injury/accident
❍ History of retina surgery
❍ History of uveitis
❍ LASIK/PRK or RK
❍ Macular degeneration

Endocrine
❍ Diabetes
Is it under control? _____
❍ I do not check
Year Diagnosed _____
Do you use insulin? _____
Blood Sugar Avg _____
Recent A1C _____
❍ Thyroid Problems

Vascular
❍ Chest Pain
❍ Cholesterol
❍ Circulation Problem
❍ Heart Attack
❍ Heart Disease
❍ Heart Murmur
❍ High Blood Pressure
Is it under control?
❍ Yes ❍ No
❍ Pacemaker and/or Defibrillator (AICD)
Has the unit been checked in the last 3 months?
❍ Yes ❍ No
Patient Initials _____
Please bring copy of cardiac implant card.
❍ Rheumatic Fever
❍ Sickle Cell
❍ Stroke

CNS
❍ Bipolar
❍ Delayed Development
❍ Meningitis
❍ Migraines
❍ Parkinson's
❍ Restless Leg Syndrome
❍ Seizures

Lung
❍ Asthma/use inhaler
❍ Emphysema
❍ COPD
❍ Home Oxygen
How much? _____
❍ Sleep Apnea/CPAP
❍ TB (Tuberculosis)

Other
❍ Anemia
❍ Arthritis/Joint pain
❍ Bladder Problem
❍ Blood Disorder
❍ Cancer
Specify _____
❍ Claustrophobia
❍ Delayed emptying of stomach
❍ End stage Renal Disease
On Dialysis? _____
❍ GERD
❍ Hepatitis A, B, or C
❍ Herpes
❍ Hiatal Hernia
❍ HIV
❍ Immune Deficiency
❍ Kidney
❍ MRSA
❍ Shingles
❍ Other _____

Are you currently experiencing any difficulties/symptoms below:

General Health
❍ Recent weight loss
❍ Fever
❍ Chills
❍ Fall within last 12 months

Ears, Nose, Mouth & Throat
❍ Hearing Loss

Cardiovascular
❍ Chest Pain or Pressure
❍ Arrythmia or Palpitations
❍ Stress Test (last 6 months)
❍ A-Fib
On blood thinners? _____
Why? _____

Respiratory
❍ Cough
❍ Shortness of Breath

Gastrointestinal (Stomach)
❍ Abdominal Pain
❍ Heartburn/Reflux
❍ Bloody Stool
❍ Nausea/Vomiting
Recent/Chronic? _____

Genital, Kidney & Blader
❍ Frequent Urination
❍ Urgency

Muscles, Bones & Joints
❍ Joint Pain
❍ Restricted motion in neck
❍ TMJ
❍ Meds for chronic pain

Skin & Integumentary
❍ Rash
❍ Sores
❍ Blisters

Neurological
❍ Numbness or tingling sensations
❍ Senstation loss

Psychiatric
❍ Nervousness or anxiety
❍ Depression

Endocrine
❍ Heat or cold intolerance
❍ Excessive thirst

Hematologic/Lymphatic
❍ Abnormal bleeding

Allergy/Immune
❍ Allergic reaction
❍ Recurrent infections

Have you ever taken any of these medications for your prostate or blood pressure?

❍ Tamsulosin (Flomax) ❍ Terazosin (Hytrin) ❍ Doxazosin (Cardura) ❍ Afuzosin (Uroxatral) ❍ Siadosin (Rapafo) ❍ Saw Palmetto ❍ Other _____

Have you had: ❍ Flu vaccine ❍ Pneumococcal vaccine ❍ Colonoscopy (last 5 years) ❍ Mammography (last 2 years)

Personal History

a. Do you have any physical restrictions or limitations? _____ Can you lie flat? ❍ Yes ❍ No

b. Please mark any that apply to you:

❍ Loose teeth ❍ Dentures ❍ Bridges ❍ Capped teeth ❍ Hard of hearing ❍ Hearing aid ❍ Stent placement, Date _____

c. Do you wear contact lenses? ❍ No ❍ Soft contact lenses ❍ Hard/gas permeable contact lenses Last date worn _____

d. List **ALL** previous surgeries on **YOUR BODY** and include dates: _____

_____

_____

e. Have you or any of your relatives ever had a problem with anesthesia? (High fever, nausea, or trouble waking up) ❍ Yes ❍ Relative ❍ No

f. Do any living or deceased relatives have any of the following?

Diabetes ❍ No ❍ Yes Relation _____ High Blood Pressure ❍ No ❍ Yes Relation _____ Cancer ❍ No ❍ Yes Relation _____
Heart Disease ❍ No ❍ Yes Relation _____ Macular Degeneration ❍ No ❍ Yes Relation _____ Glaucoma ❍ No ❍ Yes Relation _____

g. Females Only: Are you pregnant at this time? ❍ Yes ❍ No Have you been pregnant or nursing in the past 6 months? ❍ Yes ❍ No

Patient Initials _____ Date: _____

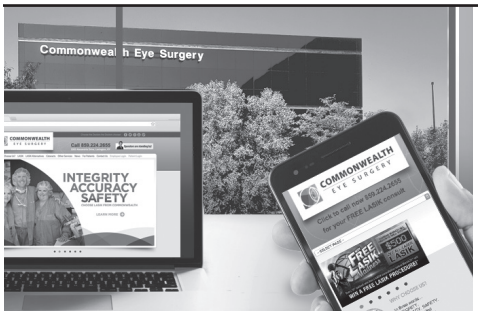
COMMONWEALTH
EYE SURGERY

(859) 224-2655 | 2353 Alexandria Drive, Suite 260 | Lexington, KY 40504

Lance S. Ferguson, M.D. | Gary N. Wörtz, M.D. | Howell M. Findley, O.D. | R. Marty Smith, O.D. | Tania Patel, O.D.

Laser Precision Cataract Surgery

At Commonwealth Eye Surgery, our outstanding team of doctors and staff utilize the latest technology to develop a vision strategy that will optimize your vision according to your lifestyle.



Refractive Cataract Surgery Plus (RCS+)

The accuracy of a femtosecond laser combined with a polyfocal implant delivers the most natural range of vision for distance, intermediate and some near vision tasks. Most patients see well enough to drive, work on a computer, and read most newspaper sized print without glasses. Reading glasses may be needed for fine print and some near vision tasks. The advanced technology of the polyfocal implant incorporates astigmatic correction, and in conjunction with the femtosecond laser, offers optimal accuracy and safety.

Refractive Cataract Surgery (RCS)

For those who do not mind wearing glasses for near correction, Refractive Cataract Surgery is an excellent alternative. Astigmatic Keratotomy (AK) incisions and the unique design of TORIC implants allow optimized uncorrected distance vision for all lighting conditions. The femtosecond laser, in combination with astigmatic implants, can create clear distance vision without glasses.

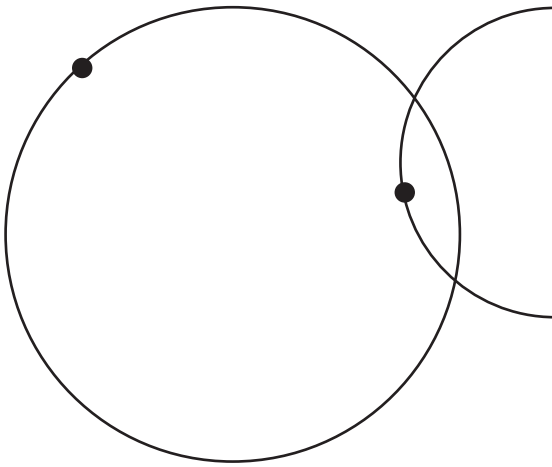
Standard Cataract Surgery (SCS)

Standard Cataract Surgery can provide excellent outcomes although uncorrected visual function is not optimized. Standard Cataract Surgery does not utilize the femtosecond precision laser, does not correct astigmatism and utilizes standard monofocal implants.

Surgical Goals

	Distance	Intermediate	Near	Astigmatism
RCS+	✔	✔	◔	✔
RCS	✔	◔	○	✔
SCS	*Requires Correction for Distance and Near*			

**Approximately 30% of cataract patients require a YAG Capsulotomy within 1-3 years of having cataract surgery. This is a medically necessary procedure to restore vision and is billable to your insurance. The YAG is not included in the RCS+, RCS, and SCS options outlined above.*



REVISED JANUARY 2022