Desert Vista Eye Specialists, PC

Dr. Lawrence S. Kahn, MD
Dr. R Stuart Eason, MD

Patient Communication Authorization

Date:_____

Patient's Name: _____

Patient's Date of Birth: _____

We must call on occasion to discuss confidential protected health information. Below is a list of potential ways for us to communicate this information. Please indicate how you would like us to get this information to you.

__It's okay to call my phone number Okay to leave a message? ___yes ___no
__It's okay to call my mobile number Okay to leave a message? ___yes ___no
__It's okay to call my work phone number Okay to leave a message? ___yes ___no

___Call only this number_____.Okay to leave a message? ___yes ___no

___Do not speak to family members.

I give permission to the individual(s) listed below to receive protected health information:

_____

_____

This authorization can be revoked or modified by notifying us IN WRITING at anytime.

The following is part of a census required by the US government:

Language_____ **Race**_____ **Ethnicity** _____

_____ _____

Patient's Signature Date

Desert Vista Eye Specialists PC
2450 E Guadalupe Rd Ste. 107
Gilbert, AZ 85234

Name _____
Date of Birth _____
Eye Being Evaluated ☐ RT ☐ LT

Pre-YAG Capsulotomy Patient Questionnaire

VISUAL FUNCTIONING

Do you have difficulty, even with glasses, with the following activities?	**YES**	**NO**
1. Seeing clearly in bright lights (*e.g.,* bright sunlight)	☐	☐
2. Seeing to drive at dusk or in the dark?	☐	☐
3. Recognizing people when they are close to you?	☐	☐
4. Reading traffic signs, street signs, or store signs?	☐	☐
5. Doing fine handwork like sewing, knitting, crocheting or carpentry?	☐	☐
6. Watching television?	☐	☐

SYMPTOMS

Have you been bothered by:	**YES**	**NO**
1. Poor night vision?	☐	☐
2. Seeing rings or halos around lights?	☐	☐
3. Glare caused by headlights or bright sunlight?	☐	☐
4. Hazy and/or blurry vision?	☐	☐
5. Seeing well in poor or dim light?	☐	☐
6. Poor color vision?	☐	☐
7. Double vision?	☐	☐

YAG laser capsulotomy can almost always be safely postponed until you feel you need better vision. If stronger glasses won't improve your vision any more, and if the only way to help you see better is YAG laser surgery, do you feel your vision problem is bad enough to consider laser surgery now?

☐ YES ☐ NO

Patient Signature _____ Date _____

Witness _____ Date _____