

Patient Information

Name _____ Date of Birth _____

Address _____

Cell Phone _____ Email _____

Location:

- | | | |
|---|--|---|
| ☐ Alexandria, MN | ☐ Cedar Rapids, IA | ☐ South Sioux City, NE |
| ☐ Billings, MT | ☐ Northern Colorado | ☐ Sioux Falls, SD |
| ☐ Bozeman, MT | ☐ Omaha, NE | ☐ West Fargo, ND |

Reason for IG Consult:

- ☐ Improve IOP control
☐ Reduce medications
☐ Improve adherence
☐ Glaucoma progression noted

Lens Status:

- ☐ Phakic - no visual symptoms
☐ Cataract - significant
☐ Pseudophakic

Prior Intervention:

- ☐ SLT - Date(s):
☐ MIGS - Date(s):
☐ Drug implants - Date(s):

EXAM	OD	OS
BCVA	20/	20/
REFRACTION		
RECENT IOP RANGE	mm Hg	mm Hg
IOP MAX	mm Hg	mm Hg
OTHER PERTINENT EXAM FINDINGS		
LAST DFE OR FUNDUS PHOTO (DATE)		

****Please send/attach a recent visual field and clinic note**

CURRENT EYE MEDICATIONS	ADHERENCE (Check One)		
	POOR	MODERATE	EXCELLENT
MEDICATIONS ATTEMPTED IN THE PAST	REACTIONS OR SIDE EFFECTS		

IG Options Discussed with the Patient:

- | | | |
|---------------------------------------|--|--|
| ☐ SLT | ☐ Cataract + MIGS | ☐ Filtering Surgery (XEN, trabeculectomy, tube) |
| ☐ Drug Implant | ☐ Standalone MIGS | ☐ None—defer to surgical consult |

Appointment:

- ☐ This patient is already scheduled to be seen at Vance Thompson Vision on: (date) _____
☐ Please call this patient to schedule their appointment.
☐ This patient is interested in **same day treatment** or **See & Do** if eligible.

Referring Doctor

Name _____ Referral Date _____

Address _____ Phone _____ Fax _____