

Name: _____

Date: _____

Do you have prescription glasses for: distance, near, sun, computer, safety, hobbies
Circle all the type(s) of glasses you have

- | | | |
|---|-----|----|
| Would you benefit from thinner, lighter lenses? | Yes | No |
| Are you planning to purchase new glasses today? | Yes | No |
| Are you interested in or have you worn lenses that darken in sunlight? | Yes | No |
| Are you bothered by bright light or reflection? | Yes | No |
| Are there times you would like not to wear glasses? | Yes | No |
| Are you interested in Lasik surgery or non-surgical correction of near-sightedness (CRT)? | Yes | No |
| Are you interested in a "test drive" of the latest contact lens designs? | Yes | No |
| Does your occupation require safety glasses? | Yes | No |
| Do you have family members in need of eyecare? | Yes | No |
| Do you wear glasses for sports? | Yes | No |
| Doctors recommend having digital images taken for the purpose of recording your internal eye appearance for future health check comparisons. This is non-invasive and provides a baseline for eye health check-ups. Images can be e-mailed to you if desired. (Cost is \$39.00 for screening package) | Yes | No |

Mark all that apply

- | | |
|--|--|
| <input type="radio"/> Aerobics/Fitness Walking | <input type="radio"/> Musician |
| <input type="radio"/> Artwork | <input type="radio"/> Racquet Sports |
| <input type="radio"/> Baseball/Softball | <input type="radio"/> Rollerblading/Skateboarding |
| <input type="radio"/> Basketball | <input type="radio"/> Sewing/Needlework |
| <input type="radio"/> Cycling | <input type="radio"/> Shooting Sports |
| <input type="radio"/> Fishing | <input type="radio"/> Skiing/Snow Sports |
| <input type="radio"/> Football | <input type="radio"/> Soccer |
| <input type="radio"/> Golf | <input type="radio"/> Swimming |
| <input type="radio"/> Handball | <input type="radio"/> Volleyball |
| <input type="radio"/> Martial Arts | <input type="radio"/> Water Sports/Sailing/Jet Ski |
| <input type="radio"/> Motorcycle | |
| <input type="radio"/> Other Hobbies/Sports _____ | |

Do you have any specific vision needs or ocular concerns you would like to discuss with the doctor?
Please explain briefly: _____