

VISION ASSESSMENT

Please read and a staff member will discuss with you.

When it comes to eye health, early identification of disease or risk of disease is key in the protecting long-term vision. In our practice, we record, track, and proactively address all possible risk factors to ensure our patients maintain their healthy vision.

AGE-RELATED MACULAR DEGENERATION CHALLENGES

SYMPTOMS (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Female |
| <input type="checkbox"/> Current or former smoker | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Family history of AMD | <input type="checkbox"/> Light-colored eyes |
| | <input type="checkbox"/> Low vegetable intake (<5 servings per day) |

DIABETES EYE CHALLENGES

SYMPTOMS (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Have type 1 diabetes | <input type="checkbox"/> Have pre-diabetes |
| <input type="checkbox"/> Have type 2 diabetes | <input type="checkbox"/> Family history of sight loss from diabetes |

DRY EYE CHALLENGES

SYMPTOMS (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Dryness | <input type="checkbox"/> Painful or sore eyes |
| <input type="checkbox"/> Irritation | <input type="checkbox"/> Excessive watering |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Feeling of something in your eye |
| <input type="checkbox"/> Scratchy eyes | <input type="checkbox"/> Redness |
| <input type="checkbox"/> Gritty eyes | <input type="checkbox"/> Sensitivity to bright light |
| <input type="checkbox"/> Uses eye drops regularly | |

SCREEN TIME AND VISUAL PERFORMANCE CHALLENGES

SYMPTOMS (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tired eyes | <input type="checkbox"/> Sensitivity to bright light |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Difficulty driving at night (glare on windshield) |
| <input type="checkbox"/> Eye strain | <input type="checkbox"/> Difficulty distinguishing an object from a similar-colored background (dark car on a dimly lit street) |
| <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Computer, phone, or TV use (3+ hours per day) | |

Patient Initials _____

Date _____

FOR OFFICE USE ONLY

PATIENT RISK DETERMINATION

of AMD Risk Factors _____

of Screen Time Risk Factors _____

of Diabetes Risk Factors _____

of Visual Performance Risk Factors _____

of Dry Eye Risk Factors _____