Name

Date

PATIENT HISTORY AND INFORMATION

☐ American Indian Or Alaska Native
☐ Asian
☐ Black Or African American
☐ Hispanic Or Latino
☐ Native Hawaiian Or Other Pacific Islander
☐ White
☐ Declined To

Height ____ ____ ____ ○ ft in ○ cm ○ m

Weight ____ ○ lbs ○ kg

Preferred Language

Other Race ____ Ethnicity ____

VISUAL HISTORY

Current Occupation : _____ Years _____ Employer _____

Do you use a computer ? ○ Yes ○ No How many hours/day _____ Distance from Computer _____

Do you drive? ○ Yes ○ No Mileage to work each way _____ Do you have glare problems? ○ Yes ○ No

Do you have visual difficulty when driving? ○ Yes ○ No

Do you have problems with night vision? ○ Yes ○ No

SPECTACLE LENS HISTORY

Do you currently wear glasses ? ○ Yes ○ No Since _____

Type of glasses ☐ FullTime ☐ PartTime ☐ Distance ☐ Close

Glasses Owned

☐ SingleVision ☐ Bifocals ☐ Trifocals ☐ Backup ☐ Safety ☐ Sports ☐ Progressive

Have you had trouble in the past with glasses? ○ Yes ○ No _____

Do you wear sunglasses ? ○ Yes ○ No Are your sun glasses your current prescription ? ○ Yes ○ No

CONTACT LENS HISTORY

Have you ever tried to wear contact lenses ? ○ Yes ○ No Reason for stopping _____

Do you currently wear contact lenses ? ○ Yes ○ No Since _____

If not a contact lens wearer, are you interested in trying contact lenses at this time ? ○ Yes ○ No

Type and brand of contact lenses _____ Today's wearing time ? _____

How many hours/day ? _____ How many days/week ? _____

Please rate the following on a scale of 1-10, with 1 being POOR to 10 being EXCELLENT

	Right	Left		Right	Left		Right	Left
Lens Comfort :	____	____	Distance Vision :	____	____	Near Vision :	____	____

What Solutions do you use? Cleaner _____ Disinfectant _____ Enzyme _____

SOCIAL HISTORY

Do you use nutritional supplements (vitamins etc.)? ○ Yes ○ No

Do you engage in regular exercise? ○ Yes ○ No

Do you drink alcohol ? If yes, how much/often : ○ No ○ Occasional ○ 1 per day ○ 2-3/day ○ 4+/day

Do you smoke ? If yes, how much/often : ○ No ○ Occasional ○ 1/2 pack/day ○ 1 pack/day ○ 1+ pack

Hobbies/ Interests : _____