Patient Visual Information

Reasons for Today's Visit

Visual

- ❑ Vision getting worse at a distance
- ❑ Vision getting worse up close
- ❑ Vision getting worse at arm's length
- ❑ I would like to get new glasses
- ❑ I would like to get more contact lenses
- ❑ I would like to try contact lenses
- ❑ I have questions on Laser Surgery
- ❑ Eyestrain

Medical

- ❑ Recent Headaches
- ❑ Monitor an eye Disease
- ❑ I am Diabetic
- ❑ Follow-up after eye surgery
- ❑ Recent spots in vision
- ❑ Double vision
- ❑ Eye Infection

My Eyes Are:

❑Dry ❑Watery ❑Itchy ❑Irritated ❑Red ❑Mattered ❑Sore
❑Scratchy ❑Gritty ❑Tender ❑Puffy ❑Burning ❑Light Sensitive

Other Problems or Concerns_____

_____

Eyeglass Information

How many pairs of glasses do you use?_____

I have a separate pair of glasses for each of the following:

- ❑ Full-time wear
- ❑ Part-time
- ❑ Distance only
- ❑ Near only
- ❑ Sunwear
- ❑ Computer use
- ❑ Safety
- ❑ Backup Pair

I wear contact lenses: Full-time___; Part-time_____; I don't wear contact lenses_____

Please describe any problems you may have with your present contact lenses or glasses?

_____

Help Us Understand Your Visual Needs

Do you……..(Check the box if your answer is yes)

❑..Use electronic Devices (phone, computer, tablet, kindle)?
(How much?)___hrs/day.
❑..Spend a lot of time driving?
❑..Spend time outdoors? (How much?)___hrs/wk.
❑..Have any sensitivity to sunlight?

❑..Think you might benefit from thinner, lighter lenses?
❑..Prefer not to wear your glasses if given the opportunity?
❑..Have a problem with glare from headlights or other lights?
❑..Have a back up pair of glasses?
❑..Have family members in need of eye care soon?

List any hobbies and activities you spend a lot of time doing each week:_____

_____

*****Fill Out This Section 0nly If Your Last Eye Exam Was Not At Riemer Eyecare*****

Date of Last Eye Exam_____By Whom and Location_____

CONTACT LENS INFORMATION

Do you currently wear contact lenses? ❑Yes ❑No

If yes:

What Brand?_____Solutions Used_____

How often do you replace them?_____Do your wear them overnight?_____

How do you wear them? (circle): Full-time Part-time Overnight

RIEMER EYECARE
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