



\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

## Ocular History

### My Current Vision Correction

- I Wear Glasses for:  NEAR only (example for reading, computer work)  
 DISTANCE only (example for watching television, driving)  
 BOTH DISTANCE and NEAR (bifocal or progressive)

- Contact Lenses for:  DISTANCE only (and wear readers for NEAR)  
 MONOVISION - DISTANCE (one eye) and NEAR (other eye)  
 BOTH DISTANCE and NEAR (bifocal or multifocal)  
 Hard or RGP contact lenses

### My Current Ocular Medications/ Eye Drops:

\_\_\_\_\_  
\_\_\_\_\_

### Have You Ever Had or Been Diagnosed With:

### Details:

- Refractive eye surgery (LASIK, PRK, RK, etc.) \_\_\_\_\_
- Cataract Surgery \_\_\_\_\_
- Retina Surgery \_\_\_\_\_
- Laser Surgery for Diabetes \_\_\_\_\_
- Corneal Surgery (Pterygium, Transplant, DSEK) \_\_\_\_\_
- Trauma to the eye \_\_\_\_\_
- Macular Degeneration \_\_\_\_\_
- Glaucoma \_\_\_\_\_
- Amblyopia ("lazy eye") \_\_\_\_\_
- Iritis (or any inflammation inside the eye) \_\_\_\_\_
- Other eye problems \_\_\_\_\_

### Have You Ever Experienced Dry Eyes:

### Details:

- I experience scratchy, burning, red, irritated eyes \_\_\_\_\_
- I have been treated/or tried treatment for dry eyes \_\_\_\_\_
- My eyes are sensitive to the following \_\_\_\_\_

### List of My Previous Eye Care Providers:

\_\_\_\_\_