



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 _____
- Family history of ARMD, Glaucoma, or other? _____

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:

Patient Signature

Date