

## your hobbies



Cycling



Golfing



Fishing/Boating



Hunting/Shooting



Knitting/Sewing



Reading/Writing



Swimming

## about you

please circle: MR. MRS. MISS MS. DR. PROF.

Full Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

## your eye health

- Glaucoma
- Diabetic Retinopathy
- Macular Degeneration
- Keratoconus/Corneal Disorder
- Retinal Defects/Degenerations
- Trauma
- Other \_\_\_\_\_
- None

## your work

Occupation \_\_\_\_\_

### Special visual demands for work:

- Computer Lenses
- Extra Magnification
- Safety Glasses
- Sun Protection
- Other \_\_\_\_\_

your signature: \_\_\_\_\_

## your glasses

How old are your current glasses? \_\_\_\_\_

### When do you want/need to wear your glasses?

- Full-Time
- Near Only
- Distance Only
- Computer Use
- When Not Wearing Contacts
- Other \_\_\_\_\_

### Do you prefer plastic or metal frames?

- Plastic
- Metal
- Either/Unsure

### What type of glasses can we help with today?

- Daily Wear
- Prescription Sun
- Safety Glasses
- Computer Glasses
- Sports Goggles
- Multiple Pairs

### Please check any of the following that you might be interested in:

- Polarized Sunglasses
- Anti-Reflective Coating
- UV Darkening Lenses
- Impact Resistant Lenses
- Tinted Lenses
- Computer Lenses

