SPECTACLE WORLD

EYE CARE. WE CARE.®

CONFIDENTIAL

"HELP US TO HELP YOU"

This form is vital to assist us to determine the different optical needs in your daily lifestyle.

NAME _____

AGE _____ DATE _____

A. REASONS FOR VISIT

- ☐ Comprehensive eye test
- ☐ Contact lenses
- ☐ Prescription sunglasses
- ☐ Fixed tint / photo chromatic
- ☐ Prescription divers mask
- ☐ Magnifying glasses
- ☐ Safety glasses
- ☐ Screening driver/forklift
- ☐ New Spectacles / prescription
- ☐ Lens enhancements
- ☐ New frame end/or lenses
- ☐ Make-up glasses
- ☐ Face shape/colour coding
- ☐ Skippers Certificate

Main reason for your visit to us: _____

B. EYE HISTORY

Previous worn spectacles: ☐ distance ☐ near

First eye test: ☐ yes ☐ no

Eye surgery: ☐ cataract ☐ retina ☐ other (specify): _____

☐ Trauma to the eye (specify): _____

Other eye info: _____

C. MEDICAL HISTORY

- ☐ High blood pressure
- ☐ Cholesterol
- ☐ Thyroid
- ☐ Anti depressant
- ☐ HbAIC
- ☐ Diabetes I / II
- ☐ Insulin / medication / diet
- ☐ Nr years diabetic: _____
- ☐ Average glucose reading: _____

Other operations or medications (specify): _____

D. EYE SYMPTOMS

Blurred vision: ☐ distance ☐ near

- ☐ Burning eyes
- ☐ Itchy eyes
- ☐ Headaches
- ☐ Double vision
- ☐ Red eyes

Other (specify): _____

E. LIFESTYLE QUESTIONAIRE

1. What are your favourite activities?

- ☐ Do you play sport? (specify): _____
- ☐ Do you play a musical instrument?
- ☐ Are you artistic?
- ☐ Do you enjoy reading/needlework?

Other (specify): _____

_____

2. Where do you find you have difficulty with your vision?

- ☐ Driving
- ☐ Computer
- ☐ Reading
- ☐ Sport
- ☐ Hobby
- ☐ At work (specify): _____

3. When at work, do you:

- ☐ Walk around a lot?
- ☐ Work in awkward positions (mechanics, etc.)?
- ☐ Attend meetings
- ☐ Drive
- ☐ Concentrate on fine detail
- ☐ Have difficulty with reflections

4. What don't you like about your spectacles? Why?

- ☐ Corrosion problems with metal frames
- ☐ Heavy
- ☐ In the way
- ☐ Fog up
- ☐ Uncomfortable
- ☐ Can't read in bed
- ☐ Other (specify): _____

_____

_____

F. COMMENTS

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