Coan Eye Care
& OPTICAL BOUTIQUE

Patient Name: _____ Date of Visit: _____

Occupation: _____

This questionnaire is designed to assist you and your eye care professional in helping select the best lenses, frames and/or contact lenses to suit your visual needs and lifestyle. Take a few moments to answer the following questions or work with your eye care professional to answer them together.

Which of the following visual demands do you encounter on a regular basis? (Check all that apply)

- o Artificial lighting
- o Board work
- o Close-up work
- o Computer work
- o Natural lighting
- o Paperwork
- o Potential eye hazards
- o Reading
- o Other:

Which of the following hobbies or activities do you participate in? (Check all that apply)

- o Auto repair
- o Biking
- o Boating/water sports
- o Bookkeeping
- o Bowling
- o Competitive sports
- o Computer
- o Drawing
- o Driving
- o Exercise
- o Fishing
- o Golf
- o Home repairs
- o Hunting/shooting
- o Jogging/running
- o Landscaping/gardening
- o Musical instrument
- o Painting
- o Pilot
- o Racquetball
- o Reading
- o Sewing/arts/crafts
- o Snow sports
- o Spectator sports
- o Tennis
- o Watching TV
- o Welding
- o Woodwork
- o Other:

Do your eyes seem bothered by glare from any of the following situations?

- o Car headlights
- o Computer monitor
- o Fluorescent lights
- o Haze
- o Night driving
- o Sunshine
- o Traffic lights
- o Other:

If you wear contacts, do you have: (Check all that apply)

- o Current pair of prescription glasses
- o Sunglasses (purchased at a boutique, department/optical store)
- o Other:

Do you have any metal or silicon allergies?

- o Yes
- o No

What do you like about your current glasses or contacts (color, style, fit, etc.)?

_____

What don't you like about your current glasses or contacts (weight, thickness, glare, etc.)?

_____

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Please check the following if you are interested in finding out more information about the following:

- [ ] Complimentary hearing screening
- [ ] Alternative treatment of dry eyes besides the use of artificial tears
- [ ] DNA testing for general health and prevention of eye diseases
- [ ] Alternatives to refractive surgery – corneal reshaping therapy
- [ ] How to control near sightedness in children so they do not get worse
- [ ] How to reduce digital eye fatigue
- [ ] Non irritating eye/skin make up
- [ ] Reducing or improving the appearance of fine lines around the eyes
- [ ] Other: _____