Eye Definition
VISION | HEALTH | STYLE

Do you…

Wear glasses?____

Wear glasses for far/near/full time?____

Wear contact lenses (what type)?____

Have an interest in a "test drive" of the latest contact lens designs?______________________________

Work at a computer? ____

Use multiple computer screens?____

Spend time outdoors? How much? Hrs/week____

Have prescription sunglasses? ____

Have non-prescription sunglasses?____

Want information on Laser Vision Correction surgery?___________________________________

Have interest in a non-surgical approach to vision correction?_____________________________

Have more than 1 pair of current Rx eyewear? ____

Do you wake in the morning with dry scratchy eyes?____________________________________

Do you sleep well at night? ____

What percent of the time do you wear your glasses?_____________________________________

Do your frequently move between indoors and outdoors throughout the day?_______________

Do you participate in sports or sports related activities?________________________________

What do you like about your current glasses?____

What are your hobbies and interests?

____

Have family members in need of eyecare?____

Please list any other vision concerns or requests

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