OPTICAL HISTORY QUESTIONNAIRE

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OPHTHALMOLOGIST

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OPTICIAN

Date:			
Name *(Last, First, M.I.)*:		☐ M ☐ F	**DOB:**
Home Phone: ( )	**Cell Phone**: ( )	**Work Phone:** ( )	
Previous or referring doctor:		**Date of last eye exam:**	

GLASSES PATIENT IS CURRENTLY WEARING

Please Check Lenses You Are Currently Wearing	☐ Distance	☐ Bi-Focal With Line	
	☐ Reading	☐ Tri-Focal With Lines	
		☐ Progressives (No Line)	
Do you have problems with current eyeglasses? Please Explain below:			

	GLASSES FOR COMPUTERS	
	Standard reading prescriptions given to you is measured at 16 inches	
	Are you a lap reader?	☐ YES ☐ NO
	Are you working at a computer?	☐ YES ☐ NO
	For computer users:	
	Standard computer prescriptions given to you is measured at 24 inches	
	Is the computer screen position farther away than 24 inches from your eyes?	☐ YES ☐ NO
	(This distance is measured from your eyes to the screen)	
	OTHER FUNCTIONS FOR GLASSES	
	Do you have any hobbies for which you feel your regular glasses are too	
	strong or too weak?	☐ YES ☐ NO
	If you have any hobbies, please check boxes that apply:	
	☐ Sewing ☐ Musician ☐ Artist	
	☐ Other (Explain) ____	