Arkansas Eyecare Specialties

Name

PATIENT HISTORY AND INFORMATION

VISUAL HISTORY

Current Occupation _____ Years _____ Employer _____

Do you use a computer ? O Yes O No How many hours/day _____ Distance from Computer _____

Do you drive? O Yes O No Mileage to work each way _____ Do you have glare problems? O Yes O No

Do you have visual difficulty when driving? O Yes O No

Do you have problems with night vision? O Yes O No

SPECTACLE LENS HISTORY

Do you currently wear glasses ? O Yes O No Since _____

Type of glasses ☐ Full Time ☐ Part Time ☐ Distance ☐ Close

Glasses Owned

☐ Single Vision ☐ Bifocals ☐ Trifocals ☐ Back-up Glasses ☐ Safety Glasses ☐ Sports Glasses ☐ Progressive

Have you had trouble in the past with glasses? O Yes O No _____

Do you wear sunglasses ? O Yes O No Are your sun glasses your current prescription ? O Yes O No

CONTACT LENS HISTORY

Have you ever tried to wear contact lenses ? O Yes O No Reason for stopping _____

Do you currently wear contact lenses ? O Yes O No Since _____

If not a contact lens wearer, are you interested in trying contact lenses at this time ? O Yes O No

Type and brand of contact lenses _____ Today's wearing time ? _____

How many hours/day ? _____ How many days/week ? _____

Please rate the following on a scale of 1-10, with 1 being POOR to 10 being EXCELLENT

	Right	Left		Right	Left		Right	Left
Lens Comfort :	_____	_____	Distance Vision :	_____	_____	Near Vision :	_____	_____

What Solutions do you use? Cleaner _____ Disinfectant _____ Enzyme _____

SOCIAL HISTORY

Do you use nutritional supplements (vitamins etc.)? O Yes O No

Do you engage in regular exercise? O Yes O No

Do you drink alcohol ? If yes, how much/often : O No O Occasional O 1 per day O 2-3/day O 4+/day

Do you smoke ? If yes, how much/often : O No O Occasional O 1/2 pack/day O 1 pack/day O 1+ pack

Hobbies/ Interests : _____

SPECIAL EYEWEAR NEEDS

☐ Computer (special prescriptions, special anti-glare tints or coatings)
☐ Occupational (mechanics, plumbers, pilots)
☐ Safety Glasses (gardening, woodworking, welding)
☐ Sports/Hobbies (racquet sports, motorcycle)