



Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

- |  | Yes                      | No                       |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| Do you experience red, tired, dry, or burning eyes?                | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Do you use an over the counter eye drop?                           | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Do you use the computer more than 3 hours/day?                     | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Are you planning on purchasing new eye wear today?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interested |
| Do you have prescription/non-prescription sunwear?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Interested |
| Are you satisfied with your distance and reading vision?           | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Trouble seeing or driving at night?(difficulty with night driving) | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Are you sensitive to light or glare?                               | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| What would you change about your current eyewear?                  |                          |                          |                                     |

- |   |  |                                     |                                |
|---|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Lighter weight | <input type="checkbox"/> Thinner lenses    | <input type="checkbox"/> Less glare | <input type="checkbox"/> Safer |
| <input type="checkbox"/> More durable   | <input type="checkbox"/> Invisible bifocal | <input type="checkbox"/> Style      | <input type="checkbox"/> Size  |

### Consent To Perform Retinal Photography

The digital Retinal Imaging System takes a photograph of the retina (the back of the eye). This procedure assists the doctor in the early detection of many disorders, including glaucoma and other vision-threatening conditions. By establishing a baseline image of the inside of your eyes, we can compare this image with future images and carefully observe any normal or abnormal changes. This will promote earlier diagnosis of many abnormal vision conditions, some of which can result in permanent vision loss if not caught and treated in a timely manner. We highly recommend Digital Retinal Imaging as an optional addition to your examination today. The fee for this procedure is \$19.00. This fee is not covered by your vision or health insurance.

Would you like to have this procedure performed today?  Yes  No

**Office Use Only:**

Digital PAL    AR    Hi Index    Transitions    Polarized    Computer    \_\_\_\_\_