Name

Omaha Primarv Eve Care. P C
MEDICAL HISTORY QUESTIONAIRE

SOCIAL HISTORY

Current Occupation : _____

SPECTACLE LENS HISTORY

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

Do you drive? 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

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

☐ Full Time ☐ Part Time ☐ Distance ☐ Close

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

Do you have problems with glare? O Yes O No

CONTACT LENS HISTORY

Have you ever tried to wear contact lenses? O Yes O No

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

SOCIAL HISTORY

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 : _____