New England Eye Center
at TUFTS MEDICAL CENTER

PATIENT CONSULTATION / LIFESTYLE QUESTIONNAIRE

CONTACT INFORMATION (please print):

Name: _____
Last First M.I.

Employer's Name: _____

Occupation: _____

Date of Birth: _____

BRIEF HISTORY AND QUESTIONNAIRE

1. Which is the best way to contact you? _____

2. What radio station(s) do you listen to? _____

3. Which newspaper(s) do you read regularly? _____

4. How did you hear about us?
☐ Radio ☐ Newsletter ☐ Billboard ☐ Health Fair ☐ Friend
☐ TV ☐ Newspaper ☐ Direct Mail ☐ Internet ☐ Other _____

5. My main visual problem (check all that apply):

☐ Fine Print
☐ Near Vision
☐ Intermediate/Computer
☐ Distance Vision
☐ Night Driving
☐ Glare

6. My current prescription is for (check all that apply):

☐ Myopia or nearsightedness
☐ Hyperopia or farsightedness
☐ Astigmatism
☐ Presbyopia (I wear bifocals or glasses for reading)
☐ Halos
☐ Unsure at this time

7. Do you currently wear (check all that apply):

☐ Glasses for Distance
☐ Progressive Glasses
☐ Bifocal
☐ Glasses for Computer Use
☐ Other: _____

☐ Monovision Contact Lenses
☐ RGP/Hard Contacts
☐ Multifocal / Bifocal Contacts
☐ Glasses for Reading or Near Vision

	Yes	No
8. When was your last eye exam? _____	----	----
9. Has anyone ever told you that you would be a good candidate for a vision correction procedure?	☐	☐
10. Do you know any friends or family members who have had a vision correction procedure?	☐	☐
11. Is this your first vision correction consultation?	☐	☐
12. Does the possibility of misplacing your glasses or contacts concern you?	☐	☐
13. If you lost or misplaced your glasses or contacts, would you be able to function throughout the day?	☐	☐
14. Do your glasses or contacts interfere with your recreational activities?	☐	☐
15. If you could function throughout your day without dependence on contacts or glasses, would you consider the procedure a success?	☐	☐
16. Are you interested in learning about our various financing programs?	☐	☐

17. What is it about your glasses or contact lenses that currently prevent you from enjoying everyday living?

_____

18. What do you hope to achieve by having the vision correction procedure that glasses and contacts currently do not provide you with? _____

19. How long have you been considering a vision correction procedure? _____

20. Do you have any fears regarding vision correction? _____

21. Is there anything preventing you from proceeding with a vision correction procedure prior to your visit other than financial arrangements? _____

22. When do you plan on having your vision correction procedure? _____

_____