PRE-EXAM QUESTIONNAIRE

DATE: _____

INTRODUCTION

This health questionnaire is to assist us in understanding your visual and health needs. All information provided will remain confidential.

CIRCLE ONE: MR | MRS | MS | DR | MISS | MSTR

LAST NAME: _____ **FIRST NAME:** _____

MIDDLE NAME: _____ **BIRTH DATE:** _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

TELEPHONE: _____ **EMAIL:** _____

YOU WERE REFERRED BY:

- ☐ FAMILY
- ☐ FRIEND
- ☐ INTERNET
- ☐ DOCTOR
- ☐ OPHTHALMOLOGIST
- ☐ OTHER: _____
- ☐ WALK BY
- ☐ YELLOW PAGES

GENERAL HEALTH HISTORY

The health of the eye is very closely related to many systemic health conditions. To help us assess your ocular health, please notify us of any existing health conditions.

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

- ☐ HEART TROUBLE
- ☐ HIGH BLOOD PRESSURE
- ☐ THYROID CONDITION
- ☐ PREGNANCY
- ☐ BREASTFEEDING
- ☐ DIABETES
- ☐ HIV+
- ☐ CANCER
- ☐ OTHER: _____

DO YOU HAVE ANY ALLERGIES?

☐ **YES** ☐ **NO** IF YES, PLEASE LIST THEM:

_____

ARE YOU TAKING ANY MEDICATIONS INCLUDING NON-PRESCRIPTION, HERBAL OR BIRTH CONTROL PILLS?

☐ **YES** ☐ **NO** IF YES, PLEASE LIST THEM:

_____

EYE HEALTH HISTORY

WHEN WAS YOUR LAST EYE EXAM? _____

HAVE YOU HAD ANY OF THE FOLLOWING?

- ☐ SUDDEN INCREASE IN FLOATING SPOTS
- ☐ SUDDEN INCREASE IN FLASHING LIGHTS
- ☐ FREQUENT HEADACHES
- ☐ EYE INJURY: _____
- ☐ EYE SURGERY: _____
- ☐ OTHER: _____

DOES ANYONE IN THE FAMILY HAVE ANY OF THE FOLLOWING?

- ☐ GLAUCOMA
- ☐ RETINAL DETACHMENT
- ☐ MACULAR DEGENERATION
- ☐ OTHER: _____

TODAY'S EXAM

WHAT ARE YOUR WORK ACTIVITIES OR HOBBIES?

_____

DO YOU CURRENTLY WEAR GLASSES?

☐ **YES** ☐ **NO**

IF YES, FOR WHAT ACTIVITIES?

- ☐ DISTANCE (I.E. TV, DRIVING, MOVIES, SCHOOL)
- ☐ CONSTANT USE / ALL ACTIVITIES
- ☐ READING / COMPUTER USE

DO YOU CURRENTLY WEAR CONTACTS?

☐ **YES** ☐ **NO**

IF YES, HOW OFTEN? _____ IF NO, WOULD YOU LIKE TO TRY? ☐ **YES** ☐ **NO**

EYE DROPS MAY BE USED TO ASSESS THE HEALTH OF YOUR EYES. THESE DROPS MAY AFFECT YOUR VISION FOR SEVERAL HOURS AND MAY IMPAIR YOUR ABILITY TO DRIVE OR PERFORM TASKS UP CLOSE.