



Patient: _____

Birthdate: _____

Eye(s) being evaluated: right / left / both

Visual Function Problems and Insurance Determination

Do you have a problem, even with glasses with:

Circle yes or no

- | | | |
|---|-----|----|
| Reading traffic signs, street signs, or store signs? _____ | Yes | No |
| Reading newspapers, magazines, or books? _____ | Yes | No |
| Reading fine print, medicine bottle labels, or phone books? _____ | Yes | No |
| Driving during the daytime? _____ | Yes | No |
| Seeing steps or curbs? _____ | Yes | No |
| Writing checks or filling out forms? _____ | Yes | No |
| Playing card games or bingo? _____ | Yes | No |
| Playing sports like golf, tennis, bowling? _____ | Yes | No |
| Seeing writing on TV? _____ | Yes | No |
| Recognizing peoples faces? _____ | Yes | No |
| Doing fine hand work like knitting, sewing, or carpentry? _____ | Yes | No |
| Trouble with hobbies or crafts? _____ | Yes | No |
| Cooking, cleaning, or work around the house? _____ | Yes | No |
| Hazy or blurry vision while trying to work? _____ | Yes | No |
| Seeing well after sunset or in dim light? _____ | Yes | No |
| Seeing rings or halos around lights? _____ | Yes | No |
| Trouble driving at night in the rain or unfamiliar places? _____ | Yes | No |
| GLARE from bright lights in dark rooms? _____ | Yes | No |
| GLARE when driving toward headlights or into the sun? _____ | Yes | No |
| GLARE when walking, golfing, or tennis on a sunny day? _____ | Yes | No |
| GLARE from TV or a computer screen? _____ | Yes | No |
| Did you need help with this form because of your vision? _____ | Yes | No |

Near Vision Questions:

- How much do you read or use a computer? All day A lot Average amount Not much
- Which do you use more often? Desktop computer Laptop computer/I-Pad/Kindle
- What distance is more critical for you? Intermediate (music, cooking) Near (books, games)
- If it helps you see better near or far without glasses, would you be interested in a special lens implant if the cost is not covered by insurance? Yes No

Dryness, Watery eyes, Irritation Questions:

- | | | |
|---|-----|----|
| Do your eyes often feel dry or burn? _____ | Yes | No |
| Do your eyes water a lot when you read or use the computer? _____ | Yes | No |
| Do your eyes get red or fatigued quickly? _____ | Yes | No |