

**Make the most of your visit**

To help ensure an effective eye examination, your eye care professional needs to know as much as possible about you. Fill out this form to remind you of any concerns or question — then print it out and take it with you.

**1. Remember any questions you might have:**

- Will you be able to drive yourself home?
- When should you wear contact lenses or glasses?
- Can you sleep in your contact lenses?
- How do you clean them?
- Are there any changes since the last exam?
- When should you schedule a return visit?
- Other \_\_\_\_\_

**2. Describe any vision concerns you are experiencing:**

- Apparent loss of vision
- Trouble seeing at night
- Temporary double vision
- Flashes of light
- Floaters (black strings or specks)
- Haloes (colored circles around lights)
- Recurring eye infections
- Red-rimmed, encrusted, or swollen eyelids
- Inflamed or watery eyes
- Bulging of one or both eyes
- Crossed or misaligned eyes
- Other \_\_\_\_\_

**3. Describe any eye injuries or surgeries:**

Date: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Procedure: \_\_\_\_\_

Date: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Procedure: \_\_\_\_\_

**4. Describe any other health concerns:**

Allergies: \_\_\_\_\_  
Chronic health problems: \_\_\_\_\_  
Operations: \_\_\_\_\_  
Other: \_\_\_\_\_

**5. Note any prescription or over-the-counter drugs you are taking, regardless of whether they are eye-related:**

\_\_\_\_\_  
\_\_\_\_\_

**6. List any family history of eye concerns:**

- Age-Related Macular Degeneration
- Allergies
- Astigmatism
- Cataracts
- Dry Eye
- Glaucoma
- Nearsightedness / Farsightedness
- Presbyopia
- Other \_\_\_\_\_