CUTARELLI VISION

• Custom LASIK • NearVision • Premium Cataract • Insertable Lens

Vision Questionnaire

How did you hear about Cutarelli Vision? (Please be as specific as possible)

_____

Are you interested in financing? Yes No

Do you wear contact lenses? Yes No What kind? Soft Toric Gas Permeable

When did you last wear them? _____ Do you have glasses? Yes No

What is your primary reason for today's visit?_____

Visual Functionality

Do you have difficulty, even with glasses/contacts, with the following activities?

Reading small print, pill bottle labels or telephone book?	Yes	No
Reading a newspaper or book?	Yes	No
Recognizing people when they are close to you?	Yes	No
Seeing steps, stairs or curbs?	Yes	No
Reading traffic signs, street signs, or store signs?	Yes	No
Doing fine hand work like sewing, knitting or carpentry?	Yes	No

List Any others:_____

Symptoms

Poor night vision?	Yes	No
Glare and/or seeing rings or halos around lights at night while driving?	Yes	No
Glare caused by headlights or bright sunlight?	Yes	No
Hazy and/or blurry vision?	Yes	No
Not seeing well in poor or dim light?	Yes	No
Double Vision?	Yes	No

Driving

Do you currently drive an automobile?	Yes	No
Do you do a lot of night driving?	Yes	No
Do you have difficulty **driving during the day** because of your vision?	Yes	No
How much difficulty do you have **driving at night** because of your vision?	Yes	No

Lifestyle Considerations

What is or was your **occupation**?_____

Please list your **favorite hobbies**?_____

How many hours a day do you spend on the **computer**?_____

Do you do a lot of **close detailed work**?	Yes	No
Have you had previous eye surgery…LASIK, RK, PRK?	Yes	No

Do you have any other visual concerns:_____

List Current Medications & Dosage: _____

Females: Are you pregnant? YES NO Are you Breastfeeding? YES NO

Allergies: Steroids Betadine Latex Adhesive Tape Other: _____

Do you have or have you ever had: _____Tuberculosis _____Diabetes _____Hepatitis
_____Auto Immune Disease(e.g. Rheumatiod Arthritis , Lupus) _____HIV _____Pacemaker

Signature:_____ Date:_____