

## ADULT VISION HISTORY

What is the reason for your visit today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last exam date and by whom? \_\_\_\_\_

How old are your glasses? \_\_\_\_\_ Worn for  distance,  reading, or  both.

*If you wear contact lenses, please bring a contact lens case with solution.*

*Please obtain a copy of your prescription for glasses and/or contacts from your provider.*

### DISTANCE VISION

(Driving, outdoor activities, TV, movies)

*Please check if yes:*

- Blur
- Blurring after detailed, close-up work
- Eyes itch, burn, red, water (circle)
- Headaches
- Double vision
- Poor depth perception
- Difficulty parking car in tight spots
- Frequent fender-benders
- Nausea in rear of car
- Discomfort/anxiety in shopping areas
- Tendency to bump into people/objects
- Extreme fatigue at end of day
- Sunglasses frequently worn

### NIGHT DRIVING VISION

- Stopped driving at night due to vision
- Headlight glare bothersome
- Blur
- Poor depth perception

### NEAR VISION (Computer use, reading, deskwork)

- Reads very little for enjoyment
- Loss of place while reading
- Headaches
- Neck/shoulder pain
- Print or computer screen not clear
- Difficulty remembering what is read

*We are a developmental/ behavioral vision specialty, and we do not diagnose nor treat eye disease. If Dr. Davis suspects that eye disease is present, you will be referred to the appropriate health care office.*