

CONTACT LENS QUESTIONNAIRE

***Contact lens consultation and evaluation services are not considered part of the Comprehensive Eye Exam and are not covered by most insurance and vision plans. These additional fees are due on the day of service. I understand after my Contact Lens Evaluation that a downloadable and printable copy of my Contact Lens Prescription is accessible to me via the Professional Vision Center Patient Portal _____ Initials**

This questionnaire is designed to help us evaluate and determine the most appropriate contact lens products for your personal needs.

Patient Name: _____ Occupation: _____ Age: _____

- 1) What type of lenses are you wearing? (If you are not a CL wearer, skip to #6)
 _____ Soft: _____ Daily Wear (Take out every night)
 How many hours per day, on average, do you wear your contact lenses?: _____
 How often do you replace your lenses? _____
 _____ Extended Wear (Overnight)
 How often do you remove your contact lenses ? Every _____ days
 How often do you replace your lenses? _____
 _____ Hard (Gas Permeable)
- 2) How old are your current contact lenses? _____
- 3) Have you had any infections related to contact lens wear? Yes _____ No _____
- 4) How can we improve your wearing experience with your contact lenses? Please check those that apply to you:
 _____ Increase comfort/wearing time _____ Improve clarity of vision _____ Less maintenance of contact lenses
- 5) Do you work in a dusty environment or around chemical fumes? Yes _____ No _____
- 6) Do you have Environmental Allergies? Yes ___ No ___ If so, list _____
- 7) How would you describe your desire to wear contact lenses? _____Mild _____ Moderate _____Strong
- 8) Do you have a reliable pair of glasses in your current prescription? _____Yes _____ No

Contact lenses are a safe means of vision correction when used properly. Problems with contact lenses or lens care products can result in serious injury to the eye. I have been informed that proper use, replacement and care of contact lenses and the related products is essential to maintain safe usage. Problems including, but not limited to, corneal ulcers and other infections of the eye can develop rapidly and vary in severity. In severe cases a permanent loss of vision could occur. The risk of complications is greater with overnight wear of contact lenses, even those contact lenses that are approved for such use by the FDA.

If you experience decreased vision, discomfort, redness, light sensitivity or irritation while wearing your contact lenses, remove them and contact your doctor. On occasion, these complications can result in a temporary or permanent inability to wear contact lenses. For this reason, it is important to have spectacles available as a functional means of vision correction in the event of a contact lens complication.

I have been informed that proper use, replacement and care of contact and the related products are essential to maintain safe usage. I understand the use and care instructions provided by my doctor as well as potential risks associated with contact lenses. I understand my responsibility to have eyeglasses for functional vision in the event of loss of the ability to wear contact lenses or if I do not have contact lenses available to wear.

Patient Signature

Date