

**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 \_\_\_\_\_ Patient's 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