Dr. K. Delton Hartzog
Family Optometry

Vision Life Style Information

How you use your eyes during daily activities is important for us to fully understand and care for your vision and eye care needs. Please circle or underline all that apply.

Do you currently wear:

No vision correction? Rx Sunglasses?

Eyeglasses? Sports Eyewear?

Contact Lenses?

If you wear eyeglasses, do you wear them for:

Distance Vision Only?

Near Vision Only?

Intermediate Vision Only?

If you wear eyeglasses, are they

Single Vision Lenses?

Progressive Lenses("no-line bifocals")

Lined Lenses("with the lines" bi/trifocals)?

Do you need updated backup eyewear in case of emergency? Yes No

Do you plan to upgrade your eyeglasses today?

Yes No

If you plan to change today, is it due to:

Worn out frames or lenses? A vision change?

A desire for a style change? A need for backups?

Eligible for a new pair due to an insurance plan?

If you wear eyeglasses, would you benefit from thinner and lighter lenses? Yes No

Are you light sensitive outdoors? Yes No

If you wear bifocals or trifocals with lines, are you bothered by:

Having to tilt your head up or down? Yes No

Loss of midrange vision? Yes No

Glare or jumping images from the line? Yes No

Do you have any interest in any of the following?

Laser Vision Correction? Yes No

Contact Lenses? Yes No

If you drive, does glare bother you? Yes No

If so, when? Day time? Night time?

Do you normally wear sunglasses? Yes No

If yes, are they:

A separate prescription pair? Non-Prescription?

Transitions "changeable" lenses? Clip-Ons?

How do you use your eyes at home or work?

Computer use? Reading for pleasure?

Television? Special Near Work?(sewing,etc.)

Paperwork? Other?

Please list your hobbies:

_____

Please list any sports in which you participate:

_____

What type of work is involved in your job:

_____

If you have any special visual needs, please list:

_____

PATIENT NAME_____ DATE_____