Make the most of your visit

For an effective examination, your doctor needs to know as much as possible about your sight. So you want to be prepared. This form will remind you about what you want to say —and organize data the doctor needs to make an informed decision. So fill it out, print it out, and take it with you.

1. Remember any questions you might have.

- ☐ Will you be able to drive yourself home?
- ☐ When should you wear contact lenses or glasses?
- ☐ Can you sleep in your contact lenses?
- ☐ How do you clean them?
- ☐ Are there any changes since the last exam?
- ☐ When should you schedule a return visit?
- ☐ Other

2. Describe any vision problems you seem to be having.

- ☐ Apparent loss of vision
- ☐ Trouble seeing at night
- ☐ Temporary double vision
- ☐ Flashes of light
- ☐ Floaters (black strings or specks)
- ☐ Haloes (colored circles around lights)
- ☐ Recurring eye infections
- ☐ Red-rimmed, encrusted, or swollen eyelids
- ☐ Inflamed or watery eyes
- ☐ Bulging of one or both eyes
- ☐ Crossed or misaligned eyes
- ☐ Other

3. Describe any eye injuries or surgery.

Date: _____
Hospital: _____
Doctor: _____
Procedure: _____

4. Describe any other health problems.

Allergies: _____
Chronic health problems: _____
Operations: _____
Other: _____

5. Note any prescription or over-the-counter drugs you are taking, regardless of whether they are eye-related:

_____
_____

6. List any family history of eye problems.

☐ Nearsightedness/Shortsightedness
☐ Farsightedness/Longsightedness
☐ Astigmatism
☐ Glaucoma
☐ Cataracts
☐ Other

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