

# Lifestyle Questionnaire

It is important to make sure your doctor has a complete understanding of your visual requirements. This questionnaire will help us determine the best treatment options suited to your lifestyle and preferences.



## UNDERSTANDING YOU

Are you still working or retired?  Working Full Time  Working Part Time  Retired

What is your occupation? .....

Do you drive a car?  No  Yes: Daytime Only / Day & Night / Commercial Driver

Who do you live with?  Independently  Living with: .....

What are your main hobbies, daily activities, sports, or recreational activities?  
.....

Please share any other important considerations about your lifestyle or daily activities: .....

## MEDICAL & SURGICAL CONSIDERATIONS

Do you have any allergies?  No  Yes: .....

Do you take any diabetic medication?  No  Yes: .....

Do you take blood thinners or fish oil?  No  Yes: .....

Do you take prostate medications?  No  Yes: .....

Can you lie flat for 30 minutes?  No  Yes: .....

## MEDICAL & SURGICAL CONSIDERATIONS

Have you ever had eye surgery?  No  Yes: .....

Have you had any eye injuries?  No  Yes: .....

Major eye inflammation/infections?  No  Yes: .....

Lazy eye / childhood patching?  No  Yes: .....

Have you ever had laser eye surgery?  No  Yes: LASIK / Other .....

Any eye diseases in your family?  No  Yes: Glaucoma / Macula Disease / Other: .....