

WELCOME: Please take a few moments to answer the following questions so that we can better serve you today.

What is your reason for today's visit?

Yearly Exam Having Trouble Out of Contacts

Do you...(Check box if your answer is Yes)

- Work/play on a computer?
- Have trouble with night driving?
- Sometimes experience dry eyes?
- Think you might benefit from thinner, lighter lenses?
- Play sports? Which ones _____
- Spend time outdoors?
- Have prescription sunglasses?

- Have an interest in trying contact lenses?
- Want information on Laser Vision Correction surgery?
- Have interest in a non-surgical approach to vision correction?
- Have more than 1 pair of glasses?
- Have family members in need of eyecare?

If you wear multi-focal lenses, does the lines or head tilting bother you?

Yes no n/a

If you wear contacts, are you satisfied with the vision and comfort?

Yes no n/a

In order for Dr. Carlson to provide the best examination possible for your eyes today, he has installed new testing instrumentation. Please review the information on **Digital Retinal Screening**. Although insurance companies may not cover the cost of this testing, the *additional information gained can be quite useful*. In addition to providing a baseline image, comparing these images from each visit allows Dr. Carlson to more closely monitor the retina for any changes. The cost for this testing is \$28.

Would you like to take advantage of this technology? YES NO ?