

Sarah Gibson Optometrist - Contact Lens Questionnaire

In order to help us decide which type of contact lens would be most suitable for you we need to know a bit more about you, your health, your hobbies, your job and what you want or expect from contact lenses.

Name.....

Date of Birth.....

Where there is a list of options please circle any that apply.

Have you ever worn contact lenses before?

Yes / No

If yes, why did you stop wearing them?

Discomfort / Dryness / Poor vision / Hassle / Expense / Other (specify)

What type of lenses have you tried?

Daily Disposable / Monthly Disposable / Extended Wear / Gas Permeable / Not sure

Do you want to wear contact lenses every day or just occasionally? Occasionally / Every day / Not sure

Do you like the idea of being able to sleep in your lenses?

Yes / No / Not sure

What sports or exercise activities do you participate in regularly?

Football / Rugby / Hockey / Tennis / Badminton / Squash / Rowing / Cycling / skiing / Swimming

Golf / Martial Arts / Walking / Keep Fit / Pilates/ Yoga

Other (specify)

What are your hobbies?

Reading / Jigsaw Puzzles / Word games / Cooking / Bridge / Model making / Fishing / computing

Other (specify)

If you are working, what is your job title / occupation?

Do you use a computer as part of your job?

Yes / No

Do you suffer from dry, tired eyes?

Yes / No

Are you in good health? Yes / No

Do you take any medication? Please Specify

Do you suffer from any allergies? Please specify

What do you currently wear spectacles for?

Reading only / distance only / distance & reading

Do you currently wear

Separate distance & reading glasses / bifocal / varifocal

Have ever had any treatment to your eyes? Yes / No
(including wearing glasses or a patch as a child)

If yes please specify.....

Do we have records for you here at Sarah Gibson Optometrist? Yes / No

If No, have you had an eye examination within the past 6 months? Yes / No

Please attach a copy of your latest prescription or write it below.
(please copy it exactly as it is shown on the prescription – all the numbers are important)

Right eye

Left eye

If you have not had an eye examination within the past 6 months, or do not have access to a copy of your prescription, you may need to have another examination before we can recommend or fit contact lenses. Your previous optician should be able to give you a copy of your last prescription (there may be a charge for this)

How can we contact you?

Telephone number and / or Email address

Address.....
.....

Please indicate preferred method of communication

Telephone / Email / Post

If you are unable to answer any of the questions please ask – a member of staff may be able to help you.

Give this questionnaire to a member of staff and we will contact you with our lens recommendations.