

FOUR COUNTY FAMILY EYE CARE CENTER
DR. MICHAEL S. COHEN
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(856) 767-9101

To allow us to better assess your ophthalmic needs, please answer the following questions and bring this form with you at the time of your scheduled appointment.

Are you having any problems with your vision?

Yes No

If yes:

Far away Close up In between

What type of work do you do?

Do you use a computer? Yes No

Reading: Extended reading
 Very close/fine detail

Do you have problems with bright light or glare?

Yes No

If yes, when do you notice this?

On-coming headlights Computer screen Indoor or overhead lighting
 Glare from windshield Sunlight

What sun protection do you currently wear?

What hobbies/activities/sports do you enjoy?

Do you engage in any activities that could cause eye injury?

Are you currently a contact lens wearer?

Yes No

If no, are you interested in exploring the latest advances in contact lenses?

Yes No

What do you like (Y) or dislike (N) about your current eyewear?

Weight Thickness Fit Style
 Shape Durability Size Color

Do you have any interest in refractive (Lasik) surgery?

Yes No

NAME _____