

Advanced Eye Care

Pate Medical Record#		
Patient Name		
Right Eye Left Eye		
Best corrected Snellen VA-Distance 20/ Near Medium BAT if glare	symptom	s: 20/
20/		
20/		
With blinking, good light and proper bifocal		
To Be Completed by Patient		
**If you normally wear glasses, please answer below questions as if you were wearing Visual Functional Status (circle responses)	your glas	
visual Fullctional Status (circle responses)	lines	ite all
Reason for exam today (patient's words)		
What specific improvements in your daily life do you hope to gain with surgery?		
Do you have difficulty seeing TV or movies?(faces, numbers or printing)	YES	NO
2) Do you have difficulty reading small print with good light, blinking and proper	YES	NO
glasses?(books, newspaper, telephone book, medicine labels, instructions)		
3) Do you have difficulty performing detailed work?	YES	NO
(sewing, knitting, crocheting, embroidery, bating a fish hook or other fine task)		
4) Do you have difficulty with personal correspondences?	YES	NO
(writing checks, reading bills, filling out forms)	VEC	NO
<ol> <li>Do you have difficulty with leisure activities such as sports or hobbies?</li> <li>(playing card games, bingo, dominoes or sport activities such as bowling,</li> </ol>	YES	NO
hunting,		
golf, tennis, other )		
6) Do you have visual difficulty functioning around the house?	YES	NO
(cooking, ironing, general household upkeep, climbing steps or curbs, dialing		
telephone, telling time on watch, using public transportation)		
7) Are you unable to see and recognize faces of people?	YES	NO
(in church, grocery store, clubs and other daily activities)		
8) If you live alone and wish to remain independent, are you unable to care for	YES	NO
yourself with your present vision?		
Do you have any of the following <b>VISUAL SYMPTOMS?</b>	Comple	ete all lines
Double or distorted vision?	YES	NO
2) Glare, halos, rings around lights?	YES	NO
3) Difficulty with color perception?	YES	NO
4) Difficulty with depth perception?	YES	NO
5) Worsening of vision – blurred vision?	YES	NO

Tech Initials: \_\_\_\_\_

Patient Signature: \_\_\_\_\_