Vision Customization Form

Bring with you to each adjustment visit

Vision LOCK℠ ADJUSTMENT CENTERS

Tell us about yourself to guide the vision customization planning process:

PATIENT NAME: _____ **DATE OF BIRTH:** ____ / ____ / ____

OCCUPATION: _____ **TODAY'S DATE :** ____ / ____ / ____

ACTIVITIES / HOBBIES (CHECK ALL THAT APPLY):

DISTANCE VISION	INTERMEDIATE VISION	NEAR VISION
❑ Driving	❑ Computer	❑ Reading
❑ Television	❑ Cooking	❑ Cell phone
❑ Golf	❑ Music	❑ Crafts / carpentry
❑ Other:	❑ Other:	❑ Other:

CIRCLE THE ACTIVITIES ABOVE THAT ARE MOST IMPORTANT TO YOU.

Consider your vision since your last visit to answer below:

TODAY'S DATE
____ / ____ / ____

1. RATE THE QUALITY OF YOUR VISION (CHECK ONE OPTION PER RANGE OF VISION):

VISION RANGE	EXTREMELY UNSATISFIED	UNSATISFIED	SOMEWHAT SATISFIED	SATISFIED	EXTREMELY SATISFIED
Distance (*i.e.*, driving, television)	❑	❑	❑	❑	❑
Intermediate (*i.e.*, computer)	❑	❑	❑	❑	❑
Near (*i.e.*, phone, reading)	❑	❑	❑	❑	❑

2. COMMENTS ABOUT YOUR VISION: _____

3. HOW OFTEN HAVE YOU EXPERIENCED THE FOLLOWING (CHECK ONE OPTION PER SYMPTOM):

SYMPTOMS	CONSTANTLY	OFTEN	SOMETIMES	RARELY	NEVER
Watery Eyes	❑	❑	❑	❑	❑
Irritated Eyes	❑	❑	❑	❑	❑
Fluctuation of Vision	❑	❑	❑	❑	❑

Consider your vision since your last visit to answer below:

TODAY'S DATE
____ / ____ / ____

1. RATE THE QUALITY OF YOUR VISION (CHECK ONE OPTION PER RANGE OF VISION):

VISION RANGE	EXTREMELY UNSATISFIED	UNSATISFIED	SOMEWHAT SATISFIED	SATISFIED	EXTREMELY SATISFIED
Distance (*i.e.*, driving, television)	❑	❑	❑	❑	❑
Intermediate (*i.e.*, computer)	❑	❑	❑	❑	❑
Near (*i.e.*, phone, reading)	❑	❑	❑	❑	❑

2. COMMENTS ABOUT YOUR VISION: _____

3. HOW OFTEN HAVE YOU EXPERIENCED THE FOLLOWING (CHECK ONE OPTION PER SYMPTOM):

SYMPTOMS	CONSTANTLY	OFTEN	SOMETIMES	RARELY	NEVER
Watery Eyes	❑	❑	❑	❑	❑
Irritated Eyes	❑	❑	❑	❑	❑
Fluctuation of Vision	❑	❑	❑	❑	❑

Consider your vision since your last visit to answer below:

TODAY'S DATE
____ / ____ / ____

1. RATE THE QUALITY OF YOUR VISION (CHECK ONE OPTION PER RANGE OF VISION):

VISION RANGE	EXTREMELY UNSATISFIED	UNSATISFIED	SOMEWHAT SATISFIED	SATISFIED	EXTREMELY SATISFIED
Distance (*i.e.*, driving, television)	❑	❑	❑	❑	❑
Intermediate (*i.e.*, computer)	❑	❑	❑	❑	❑
Near (*i.e.*, phone, reading)	❑	❑	❑	❑	❑

2. COMMENTS ABOUT YOUR VISION: _____

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Irritated Eyes	❑	❑	❑	❑	❑
Fluctuation of Vision	❑	❑	❑	❑	❑