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Name:

Date:

It is important to make sure your doctor has a complete understanding of your vision needs. **Please complete this questionnaire and bring it with you to your appointment.** This questionnaire will help us recommend treatment options best suited to your unique lifestyle and preferences.

What is *or* was your occupation? _____

What hobbies, sports or other recreational activities do you enjoy? _____

If you had to choose one of the following, which type of focus would you prefer to have without glasses? (please circle)

NEAR

MID RANGE

FAR

Reading books/newspapers

Watching TV

Watching live sports

Reading medicine labels

Using a computer

Playing sports, like golf

Viewing/dialing cell phone

Using a handheld tablet device

Driving

Would you like to have, without glasses, good **distance and near vision** in good light, even if you might see some **rings** around lights at night? Yes No Maybe

Please share anything else you think might be important about your lifestyle or daily activities:

Cataract surgery can be safely postponed until you feel you need better vision. If stronger glasses will not improve your vision, and if the only way to see better is cataract surgery, then do you feel your vision problem is bad enough to require cataract surgery now? Yes No

Patient's Signature

Date

Staff Initials

Physician Initials