

Name: _____ Date: _____ Chart: _____



ALDRIDGE EYE INSTITUTE, O.D., P.A.

CHUCK ALDRIDGE, O.D., M.B.A.

Fellow American Academy of Optometry

Office Hours By Appointment

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Do you ever experience:

| | | | | |
|--------------------------------------|-------|--------|----------|--------|
| Gritty or sandy sensation? | Never | Slight | Moderate | Severe |
| Pain or soreness? | Never | Slight | Moderate | Severe |
| Fluctuating vision? | Never | Slight | Moderate | Severe |
| Occasional tearing? | Never | Slight | Moderate | Severe |
| Blurred vision while reading? | Never | Slight | Moderate | Severe |
| Discomfort in windy conditions? | Never | Slight | Moderate | Severe |
| Discomfort in air-conditioned areas? | Never | Slight | Moderate | Severe |
| Itching? | Never | Slight | Moderate | Severe |

To Help us Help You.....

With the technology available today in fabricating eyeglasses, there's an almost infinite number of combinations of lenses and frames to meet everyone's budget and lifestyle. In order for our Doctors and Opticians to help you make the best choices, please take a moment to answer the following questions.

| | |
|--|--|
| <p>1. Approximately how old are your current glasses? _____</p> <p>2. Were you planning on getting new glasses today? Yes___ No___ Not Sure___</p> | <p>8. Do you participate in any sports or outdoor activities? Yes___ No___ If yes which one? _____</p> |
| <p>3. Where did you purchase your last pair of glasses? _____</p> | <p>9. Do you use a computer? Never___ Occasionally___ Quite Often___ All the time___</p> |
| <p>4. Are you happy with your current glasses? Yes___ No___ N/A___</p> | <p>10. What are your hobbies? Reading___ Woodworking___ Sewing/Knitting/Embroidery___ Cards___ Fishing___ Boating___</p> |
| <p>5. Do you own or wear more than one pair of glasses? Yes___ No___ N/A___</p> | <p>11. Do you wear prescription sunglasses? Yes___ No___</p> |
| <p>6. Do you wear contact lenses? Yes___ No___</p> | <p>12. Are you bothered by glare from any of the following: Night Driving___ Computer Screens___ Fluorescent Lights___ Sunshine___</p> |
| <p>7. What is your occupation? _____ _____</p> | |

- Doctor Recommends:** Glasses Sun Rx Sport Rx Computer Rx Contacts
- Lens Type:** SV Progressive Bi-focal Tri-focal
- Lens Material:** Polarized Hi-Index Poly Transitions
- UV Coating A/R Tint_____ Mirror