

Vision Fore Golfing

Client Preparation Form

Date:

All answers generated by this questionnaire are strictly confidential.

Name	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: Day ____ Month ____ Year ____
Address		
City		
State/Province		
Date of Most Recent Eye Exam: Day ____ Month ____ Year ____		
Doctor's Name _____ Doctor's Phone Number _____		

<p>Playing Golf</p> <p>How often do you play golf (in season)?</p> <p><input type="checkbox"/> Once a month (in season) or less</p> <p><input type="checkbox"/> Twice a month (in season)</p> <p><input type="checkbox"/> Once a week (in season)</p> <p><input type="checkbox"/> Twice a week</p> <p><input type="checkbox"/> More than twice a week</p>	<p>Night Vision</p> <p>Many Vision Fore Golfing eyeglass wearers have made their golfing eyeglasses their "everyday" eyeglasses, wearing them 90% of the time. They report that they help them see better when driving their vehicles at night. How would you rate your night vision?</p> <p><input type="checkbox"/> Same as day vision</p> <p><input type="checkbox"/> ¾ of day vision</p> <p><input type="checkbox"/> ½ of day vision</p> <p><input type="checkbox"/> less than ½ of day vision</p>
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<p>Have you ever worn</p> <p><input type="checkbox"/> Line Bi-Focals?</p> <p><input type="checkbox"/> No-Line Bifocals?</p> <p><input type="checkbox"/> Progressive Lenses?</p> <p>Have You Had Lasik Surgery? If yes, in what year? _____</p>	<p>Have you been diagnosed as having one or more of the following eye conditions?</p> <table> <tr> <td>Macular Degeneration</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Cataracts</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Have you had cataract surgery?</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Glaucoma</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Retinal Detachment</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Diabetes</td> <td>Y</td> <td>N</td> </tr> </table>	Macular Degeneration	Y	N	Cataracts	Y	N	Have you had cataract surgery?	Y	N	Glaucoma	Y	N	Retinal Detachment	Y	N	Diabetes	Y	N
Macular Degeneration	Y	N																	
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Have you had cataract surgery?	Y	N																	
Glaucoma	Y	N																	
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Diabetes	Y	N																	

What is your current prescription?

	Sphere	Cylinder	Axis	ADD
Right Eye (OD)				
Left Eye (OS)				

Measurement

- What is your pupillary distance, that is, the distance between your pupil centers (visual axis) measured in millimeters.)? _____ mm.
- What are your monocular pupillary distance measurements, that is, the distance between the pupil centers (visual axis) of your left eye and the center of the bridge of your nose _____ mm **and** the visual axis of your right eye and the center of the bridge of your nose _____. The total must equal the overall pupillary distance indicated in "a" above.
- Segment heights vary according to the lens shape that you choose.. If you currently wear glasses, what are your segment heights, that is, the distance between the bottom of the lens to your pupil centers..

How were we so lucky to have found you?

<input type="checkbox"/> WJR Radio Advertisement	<input type="checkbox"/> Recommendation by Friend/Relative
<input type="checkbox"/> Radio Interviews	<input type="checkbox"/> Brochure
<input type="checkbox"/> Magazine Article	<input type="checkbox"/> Trade Shows
<input type="checkbox"/> Visions of Canada WEB Page	<input type="checkbox"/> Other _____
<input type="checkbox"/> Vision Fore Golfing WEB Page	

Photographs (Optional)

If photos are readily available, please attach two pictures of yourself wearing glasses in the spaces below, a frontal view and a side view. If you are currently not wearing glasses, send a frontal view only. Please do not go out of your way to produce photographs.

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Front View

Side View