Kentucky Eye Care

Patient Questionnaire

Name: _____

Telephone: _____

To prepare for your upcoming Low Vision appointment, please answer the following questions:

Please think about the different vision tasks that you find difficult and document them below. Notate the task, where it takes place and the lighting in that location. The day before your appointment, please prioritize the tasks below in order of importance.

VISION TASK	LOCATION/ROOM	LIGHTING
1.		
2.		
3.		
4.		
5.		

Does sunlight bother your eyes? Y / N

Do you wear eyeglasses? Y / N

Do you already use any magnifying aids? Y / N

******If YES, then please bring any of the above eyeglasses and/or magnifiers with your to the exam.**