

# Contact Lens Follow up

## Layton Visual Center

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## Please make any corrections

Date: \_\_\_\_\_

Guardian: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(H): \_\_\_\_\_ (W): \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Ins Name: \_\_\_\_\_ Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

(If not self)

Relationship:  Self  Spouse  Child  Other

E-Mail: \_\_\_\_\_

(Your Email is confidential)

Preferred correspondence:

Text  Phone  Email  Mail

Glasses Prescription

Previous Dr

R-

L-

Contacts Prescription

R-

L-

Exam:

\_\_\_\_ Dilating \_\_\_\_ Photos \_\_\_\_ Auto Refraction/Keratometry \_\_\_\_ Topography \_\_\_\_ Visual Fields

Glasses:

\_\_\_\_ Frame Style/Disp. \_\_\_\_ Repair \_\_\_\_ PAL \_\_\_\_ Poly \_\_\_\_ AR \_\_\_\_ Trans \_\_\_\_ Sunglasses \_\_\_\_ Readers \_\_\_\_ Computer

Contacts:

\_\_\_\_ I&R \_\_\_\_ Polish

Schedule:

\_\_\_\_ VA \_\_\_\_ LASIK \_\_\_\_ Visual Fields \_\_\_\_ Photos \_\_\_\_ Dilation \_\_\_\_ IOP \_\_\_\_ Punctal Plugs \_\_\_\_ CLE \_\_\_\_ VT Instructional

MISC:

\_\_\_\_ Records Release \_\_\_\_ Checkout

## Contact Lens Problems? (please circle the "main" problem)

- Liked/loved my trial contact lenses!
- Blur at Far (cl).
- Blur at Near (cl).
- Blur Far and Near (cl).
- Fluctuating Vision (cl).
- Problems with insertion (cl).
- Problems with removal (cl).
- Poor Comfort immediate (cl).
- Poor Comfort 1-3 hrs (cl).
- Poor Comfort 4-9 hrs (cl).
- Poor Comfort after 10 hrs (cl).
- Haloes or glare (cl).
- Other...

Right eye  Left eye  Both eyes

Mild  Moderate  Severe

Started today  3-7 days  2-4 weeks  3-6 months  
 1-2 days  1-2 weeks  1-3 months  Over 6 months

Getting better  Getting worse  About the same

Signature \_\_\_\_\_ Date \_\_\_\_\_