OLD TOWN Optical

Low Vision Registration Information

Please complete the following information.

1. If known, what is the eye condition responsible for your visual impairment? _____
   _____
2. Which do you feel is your better eye? R L
3. Have you had cataract surgery? _____
4. Have you ever been told you are legally blind? _____
5. Do you drive? Yes No
6. Are you able to read:
   - Newspaper headlines Yes No
   - Large print books Yes No
   - Magazines Yes No
   - Newspaper Yes No
7. How close do you sit while watching television? _____
8. Are you bothered by glare? Yes No
9. Do you use sunglasses on a regular basis? Yes No
10. When reading, does bright light help you see? Yes No
11. Have you ever had a Low Vision Evaluation? Yes No

12. Please be as specific as possible, what are two goals you Would like to achieve at the evaluation?

_____

_____

13. Whom may we thank for referring you to our office?

_____

Acknowledgement Receipt

I acknowledge that I have been offered a copy of Dr. Baas' Notice of Privacy Practices.

Signature_____Date_____