

# EYE CENTERS OF FLORIDA

## VISUAL FUNCTION FORM

Name \_\_\_\_\_

Acct# \_\_\_\_\_

**Are you bothered by any of the following (with your glasses or contacts on if applicable):**

**YES**

- \_\_\_ Cataracts
- \_\_\_ Overall decline in vision
- \_\_\_ Glare, sensitivity to light
- \_\_\_ Poor night vision
- \_\_\_ Seeing rings around lights
- \_\_\_ Unbalanced vision
- \_\_\_ Loss of depth perception
- \_\_\_ Double vision in one or both eyes
- \_\_\_ Floaters
- \_\_\_ Halos
- \_\_\_ Frequent change of glasses

Please check if you are interested in  
Laser Vision Correction (LASIK)  
\_\_\_ **YES** \_\_\_ **NO**

**Do you have difficulty when you:**

- \_\_\_ Drive during daylight hours and/or evening hours
- \_\_\_ Read traffic signs and/or try to judge distances
- \_\_\_ Read labels, price tags, small numbers.
- \_\_\_ Do fine handwork or hobbies such as golf, bingo, computer work, play cards
- \_\_\_ Shop for groceries
- \_\_\_ Walk, stoop, change positions
- \_\_\_ Use stairs
- \_\_\_ Other

**Do your eyes:**

- \_\_\_ Feel dry/gritty/burning
- \_\_\_ Crusts or mucus on eyes or lids
- \_\_\_ Over-react to smoke, dust, or light
- \_\_\_ Feel scratchy or sandy
- \_\_\_ Tear and water excessively
- \_\_\_ Feel painful or irritated upon awakening

**(if 3 out of 6 above symptoms noted,  
you are probably suffering from dry eye syndrome)**

**HOBBIES/ACTIVITIES THAT  
ARE IMPORTANT TO YOU**

(please check)

- \_\_\_ Reading
- \_\_\_ Sewing
- \_\_\_ Driving
- \_\_\_ Golfing
- \_\_\_ Computer work
- \_\_\_ Playing cards
- \_\_\_ Watching TV
- \_\_\_ Other

\_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**UPDATES:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ { } Updated { } No change

---

---

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ { } Updated { } No change

---

---

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ { } Updated { } No change

---

---

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ { } Updated { } No change

---

---