

Lamorinda Optometry

Dr. Baker and Dr. Orr would like to welcome you to our practice! In order for us to make the best possible recommendations for your vision and ocular health, please fill out the following form. If there are any specific topics you would like us to address, please do not hesitate to ask your doctor or our staff.

Patient Name: _____ Age: _____ Email: _____

Occupation: _____

How did you hear about our office?

Yellow Pages Internet Friend Location Other _____
 Diablo Magazine VSP Family Co-Worker

May we thank anyone for referring you? _____

Do you wear glasses? Yes / No How old is your most recent pair? _____

Do you have any specific issues with your glasses you would like the doctor to address? Yes / No
Glare Weight/comfort Safety UV protection Computer/reading vision Other _____

Do you currently wear contact lenses? Yes / No Have you worn them in the past? Yes / No

How long have you been a contact lens wearer? _____

Do you have any issues with contact lenses you would like the doctor to address? Yes / No
Dry eyes Reading vision Swimming with contacts Comfort Other _____

Are you interested in vision correction alternatives other than glasses? Yes / No

How many hours a day do you spend on the computer? _____

Are you bothered by: Eyestrain Glare Dry eyes Headaches Neck pain Other _____

Do you play any sports? Please list: _____

What are your hobbies? Please list: _____

Are you comfortable with your vision while driving? Yes / No

Are you bothered by: Glare Headlights Bright sunlight Overcast conditions Other _____

Are your eyes ever dry, itchy, red or uncomfortable? Yes / No When? _____

Do you have any other specific questions or concerns you would like the doctor to address?
