



LIFE STYLE QUESTIONNAIRE

Name: _____ Date: _____
(Last, First, MI)

Occupation: _____ Employer: _____

If an eye doctor suggested that you visit us please provide the doctor's name: _____

List activities and hobbies that you enjoy: _____

How does your vision impact your quality of life right now? _____

How does your vision impact your work or career? _____

If we were meeting with you one year after your vision correction procedure, what has to happen for you to feel happy with your results? _____

List any roadblocks or concerns that might stop you from having a vision correction procedure: _____

What concerns do you have that we could address during your consultation? _____

Please share with us what brought you to Vance Thompson Vision. _____

