**Twins Eye Care Domiciliary Opticians Pre-Visit Questionnaire**

*Thank you for choosing Twins Eye Care! To help our optometrist prepare for your upcoming visit, please complete this questionnaire. All information will be kept confidential.*

Name...............................................................................................................

Date of birth......................................................................................................

GP details...................................................................................................... ......................................................................................................

***1. General Health***

* **Do you have any medical conditions?**

☐ Yes ☐ No

If yes, please specify:

* **Heart disease** ☐
* **Diabetes** ☐
* **Arthritis** ☐
* **Other (please specify)**:
* **Are you taking any medications?**

☐ Yes ☐ No

If yes, please list them:

* **Do you have any allergies?**

☐ Yes ☐ No

If yes, please specify:

***2. Eye Health History***

* **Have you ever had an eye exam before?**

☐ Yes ☐ No

If yes, when was your last exam?

* **Do you currently wear glasses or contact lenses?**

☐ Yes ☐ No

If yes, how long have you been wearing them?

**Do you have a copy of your previous eye test prescription?**

☐ Yes ☐ No

If **yes**, ensure you provide this to your optometrist

**Have you experienced any of the following symptoms recently?**

* Blurry vision ☐
* Floaters ☐
* Headaches ☐
* Double vision ☐
* Flashes
* Other (please specify):
* **Have you been diagnosed with any eye conditions in the past?**

☐ Yes ☐ No

If yes, please specify (e.g., cataracts, glaucoma, macular degeneration):

* **Have you ever needed hospital treatment for your eyes?**

☐ Yes ☐ No

If yes, please provide details:**3. Lifestyle Information**

* **Do you find it difficult to read small print or see distant objects?**

☐ Yes ☐ No

If yes, please explain:

* **Do you spend a lot of time on the following?**
* Reading ☐
* Watching television ☐
* Using a computer or phone ☐