

Name _____

Date _____

Quality of Vision Checklist

Here at the Tarantino Eye Center, we strive to provide the best quality of care and customized vision solutions for our patients. This checklist will assist us in providing the treatment best suited for your visual needs & lifestyle. Please fill this form out completely and return it to us. If you have any questions, please let us know and we will be happy to assist you.

- What are your favorite hobbies?

- If you work, what are some of your daily work-related tasks?

- How much time per day do you spend on the computer?

- Does your work or livelihood require night-time driving?

____ Yes ____ No

- How important would it be for you to be free from glasses for your daily activities?

____ Very important ____ Moderately important ____ Not important

- How would you describe your personality?

____ Easy going ____ Perfectionist ____ In between