

## South East Eyecare Intake Form – Contact Lenses

**\*\*This form is a supplement to both the adult and child intake forms. It only needs to be completed if you are a current contact lens wearer.**

Today's Date (DD/MM/YY): \_\_\_\_\_ **\*\*Please enter name as it appears on the health card\*\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_

### Section I: Type of Contact Lenses Worn

What brand of lenses do you currently wear? \_\_\_\_\_

(If you are unsure, please indicate daily, 2-week, or monthly disposable, etc)

Do you wear multifocal (bifocal) CL?	No	Yes	Unsure
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Do you wear monovision CL?	No	Yes	Unsure
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(One eye for distance, one for reading)

What brand of CL solution do you use? \_\_\_\_\_

(If you are unsure, please indicate whether it is hydrogen peroxide-based or multipurpose solution)

**If you have a copy of your Contact Lens Prescription, please bring it with you to your exam or email it to our office ([southeasteyecare@gmail.com](mailto:southeasteyecare@gmail.com)). Otherwise, please fill in as much information as you can from your boxes:**

Lens Name/Material: \_\_\_\_\_ Company: \_\_\_\_\_

Right Eye: \_\_\_\_\_

Base Curve (BC)	Diameter (DIA)	Lens Power (Sph Cyl Axis Add)
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Left Eye: \_\_\_\_\_

Base Curve (BC)	Diameter (DIA)	Lens Power (Sph Cyl Axis Add)
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### Section II: Contact Lens Usage

Do your contacts get dry?	No	Yes	_____
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Do you see well with your contacts?	No	Yes	_____
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Do you sleep with your contacts in?	No	Yes	_____
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Do you occasionally nap with them in?	No	Yes	_____
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Do you swim with your contacts in?	No	Yes	_____
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How often do you wear your contacts?	Most days	1-3x/week	1-3x/month	Other
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How long do you have them in each time?	<5hr	5-8hr	8-12hr	12+hr
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Are they comfortable the whole time?	No	Yes	_____
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How often do you replace your contacts?	daily	every month	every 6 weeks	every 2+ mths
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Overall, are you happy with your contacts?	No	Yes	wanting to try something different
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