

## POTENTIAL PREMIUM LENS PATIENT QUESTIONNAIRE

THIS FORM SHOULD BE COMPLETED WITH YOUR REFERRING OPTOMETRIST AND BROUGHT TO YOUR ATTENDANCE

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Do you already use reading specs? Y / N

What is your occupation? \_\_\_\_\_ Retired? Y / N

Do you suffer from dry eyes? Y / N Do you eyes feel sore and tired a lot? Y / N

What are your hobbies?

Do you: Play Tennis? Y / N Play Golf? Y / N Do Art? Y / N Play music? Y / N

How much light do you get for your:

Work? Good / Average / Not much Reading at home? Good / Average / Not much

Hobbies? Good / Average / Not much

Is night driving an important part of your work? Y / N

How important is it to be spectacle independent for distance/driving?

Not important at all – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 - Vital

How important is it to be spectacle independent for reading?

Not important at all – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 - Vital

What distances of vision are most important to you? (rank 1 to 3 – 1 being most important)

40cm                      80cm                      Distance vision

Attitude to risk:

Assume that the holy grail is for you to have perfect vision at distance, intermediate and near without spectacles. If we went for this perfect outcome what would be your attitude to the risk of:

Needing spectacles for near anyway sometimes?

Not bothered - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - Very Disappointed

Needing spectacles for distance sometimes but near vision OK?

Not bothered - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - Very Disappointed

Needing spectacles for both near and distance for best vision but good vision otherwise?

Not bothered - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - Very Disappointed

Good vision but glare and haloes with night driving which are annoying but tolerable?

Not bothered - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - Very Disappointed

Good vision but glare and haloes with night driving which stop you driving at night?

Not bothered - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - Very Disappointed

The need to have another operation to replace the lenses if you did not tolerate the lens?

Not bothered - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - Very Disappointed

The ideal aim of surgery if we use premium lenses is to get you to be spectacle independent 80% of the time in 80% of circumstances. Would you be happy with this outcome? Y / N

**FOR OPTOMETRIST TO COMPLETE:**

Current refraction:

RIGHT

LEFT

Has the patient previously tried monovision? Y / N

If so what was the target refraction for the myopic eye? D

Did they tolerate it? Y / N

Do you have any concerns about them tolerating monovision? Y / N

If so, why?

Has the patient had previous laser refractive surgery? Y / N

If yes do you have any pre-laser refractive data? Y / N

If yes, please provide:

RIGHT

LEFT

Does the patient wear contact lenses? Y / N

If yes, what type?

Please ask patient to keep their contact lenses out for 2 weeks prior to clinic attendance.

Please inform that patient that there are risks of surgery. I will go through all the risks and benefits of surgery as part of the consent process, but I would be grateful if they could be made aware early that problems can occur, and surgery is not risk free.

THANK YOU FOR YOUR TIME – I APPRECIATE THIS IS OVER AND ABOVE THE USUAL REFERRAL INFORMATION YOU PROVIDE.

Mr Amar Alwitary, Consultant Ophthalmologist