

Name _____

Date _____

Quality of Vision Checklist

Here at Talamo Laser Eye Consultants, 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