



North Woods Optics

20 N Lake Street Suite 101 • Forest Lake, MN 55025 • 651-464-4824



Vision Questionnaire

Please complete the following information for our records. If you have any questions, feel free to ask our receptionist. Thank you!

Last Name: _____ First Name: _____ Birth Date: _____

Hobbies: _____

Place of Last Eye Exam: _____ Doctor/Clinic: _____

Main Reason for Today's Visit: _____

Do you have prescription eye glasses? Yes ___ No ___

Do you have prescription sunglasses? Yes ___ No ___

Do you work on a computer more than 3 hours per day? Yes ___ No ___

Are you a previous and/or current contact lens wearer? Yes ___ No ___

If no, are you interested in contact lenses? Yes ___ No ___

Have you ever had an eye injury or eye surgery? Yes ___ No ___ If yes, please describe:

Are you interested in refractive surgery? Yes ___ No ___

Other important information that you would like the doctor to know:

