



EyeSurgeons

OF CENTRAL NEW YORK

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Your doctor will help you decided if cataract surgery is right for you but he cannot make the decision for you. Tell your doctor how your vision affects your lifestyle.

Which eye bothers you the most? Please circle: Right Left Both

Have you ever had refractive surgery (Lasik, PRK, RK)? Please circle: Yes No

Please check the statements below that apply to you, when you are wearing glasses.

Ye s	N o	
_____	_____	I have difficulty driving due to glare from the sun or headlights at night.
_____	_____	I have difficulty driving due to inability to read road signs
_____	_____	I have difficulty seeing well enough to do my best at work.
_____	_____	I have difficulty seeing well enough at home. (cooking, cleaning)
_____	_____	I have difficulty seeing things I like to do (read, play cards, television, hobbies.)
_____	_____	I have difficulty reading small print (medicine bottles, food labels)
_____	_____	I have difficulty seeing steps, stairs or curbs

If a change in glasses will not improve your vision, are you interested in cataract surgery?

Yes

No

Patient name: _____

Date: _____

Signature: _____