

Patient Name: _____ D.O.B.: _____

 Eye Being Evaluated: Right Eye Left Eye

VISUAL FUNCTIONING

 Do you have **DIFFICULTY**, even with glasses, with the following activities?

Please answer ALL the following with "X" and check if this activity is important to your lifestyle

	YES	NO	IMPORTANT
1. Reading small print, such as labels on medicine bottles, telephone books, and food labels?	_____	_____	<input type="checkbox"/>
2. Reading a newspaper or book?	_____	_____	<input type="checkbox"/>
3. Reading a large-print book, or large-print newspaper, or large-print numbers on a telephone?	_____	_____	<input type="checkbox"/>
4. Recognizing people when they are close to you?	_____	_____	<input type="checkbox"/>
5. Seeing steps, stairs or curbs?	_____	_____	<input type="checkbox"/>
6. Reading traffic signs, street signs or store signs?	_____	_____	<input type="checkbox"/>
7. Doing fine handwork like sewing, knitting, crochet or carpentry?	_____	_____	<input type="checkbox"/>
8. Writing checks, filling out forms or crossword puzzles?	_____	_____	<input type="checkbox"/>
9. Playing games such as bingo, dominos, or cards games?	_____	_____	<input type="checkbox"/>
10. Taking part in sports like golf, tennis, bowling or handball?	_____	_____	<input type="checkbox"/>
11. Cooking?	_____	_____	<input type="checkbox"/>
12. Watching television?	_____	_____	<input type="checkbox"/>
13. Painting or drawing?	_____	_____	<input type="checkbox"/>
14. Watch movies in theatre or spectator sports in person?	_____	_____	<input type="checkbox"/>
15. Visit/Care for Grandchildren?	_____	_____	<input type="checkbox"/>

<u>SYMPTOMS</u>					
Have you been bothered by:	YES	NO		YES	NO
Poor night vision?			Hazy and/or blurry vision?		
Seeing rings/halos around lights?			Seeing well in dim, poorly lit areas?		
Glare caused by headlights/sunlight?			Poor color vision?		
Double vision?					
<u>DRIVING</u>					
Have you driven a car?			Do you currently drive a car?		

 If no, when did you stop driving? Within 6 months 6-12 months ago Over 1-year ago

- How much difficulty do you have driving during the DAY because of your vision?
 No difficulty A little difficulty A moderate amount of difficulty A great deal of difficulty
- How much difficulty do you have driving during the NIGHT because of your vision?
 No difficulty A little difficulty A moderate amount of difficulty A great deal of difficulty

Cataract surgery can almost always be postponed until you feel you need better vision. If stronger glasses won't improve your vision anymore, and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?

YES NO

Patient Signature: _____ Date: _____

Witness: _____ Date: _____

Live your **LIFE** to its fullest with California LASIK & Eye's Lens Implant Focussing Enhancement (**LIFE**)

Package 1: Clarity Standard Cataract Procedure

This may be right for you if:

- You do not want to reduce your need for glasses

Need for glasses after surgery:



-  Near
-  Intermediate
-  Distance

Package 2: Street Legal Advanced Laser Cataract Procedure With Astigmatism Correction

This may be right for you if:

- You have astigmatism
- You want clearer distance vision with a reduced need for glasses

Need for glasses after surgery:

-  Near
-  Intermediate

Package 3: Forever Young Advanced Laser Cataract Procedure With Astigmatism & Presbyopia Correction

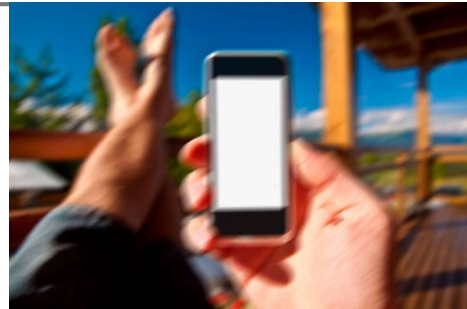
This may be right for you if:

- You have astigmatism
- You have trouble seeing things up close
- You want to see more clearly at all distances with a reduced need for glasses
- You want your best possible vision

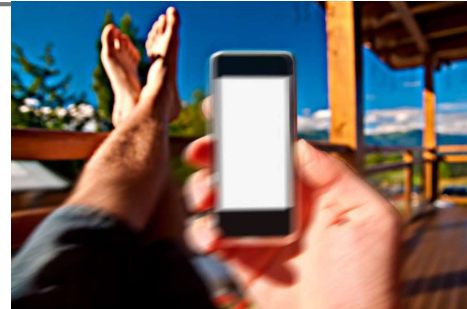
Need for glasses after surgery:

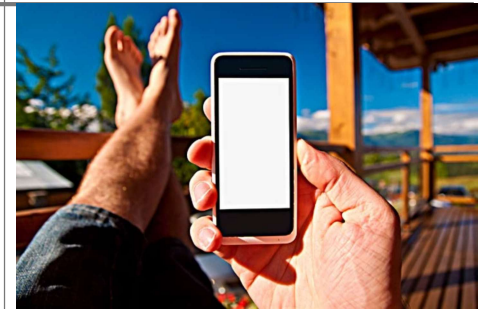
Reduced at all distances

DATE OF SURGERY RIGHT EYE: / /
ONE DAY POSTOP TIME/LOCATION:



DATE OF SURGERY LEFT EYE: / /
ONE DAY POSTOP TIME/LOCATION:





Roseville Surgery Center
1420 East Roseville Pkwy
Ste. 100, Roseville CA, 95661

Cost:

Covered by insurance, assuming all conditions are met

Cost:

\$ per eye

Cost:

\$ per eye