himalaya vision care centre

laser correction

HVCC *Badal de life!*

Patient History Form

(To be filled in by the practitioner)

Name .....Date.....

1. How many hours do you work on computer at a stretch?

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2. What type of work do you do?
   - Word Processing
   - Programming
   - Data entry
   - Internet
   - Games & Hobbies
   - Others.....

3. Where is the top of the screen located?
   - Above your straight ahead eye level.
   - At eye level
   - Below your eye level.

4. What is the distance from
   - your eyes to the screen.....
   - your eyes to the keyboard.....
   - your eyes to the source document.....

5. Where is the computer monitor located
   - directly in front of you.
   - to your right
   - to your left

6. Where is your source document located
   - directly in front of you.
   - to your right
   - to your left

7. What type of monitor and font size do you normally use?

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8. How do your eyes feel after working on computer?

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9. How is the lighting arrangement in and around the computer workstation?

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10. Are you on any sort of medication?

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11. Do you use any specific glasses while working on computer?

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12. Any other medical history

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