Please save the form on your computer before filling it out.

sehzentrum ZÜRICH
Spezialisten für Ihre Augen
Hürlimann Areal Kreuzplatz Rapperswil

Welcome!

Personal information

Mr. Ms.

Family name:

Given name:

Street:

Zip code/city:

Date of birth:

Tel home:

E-mail:

Mobile:

Sport / hobby:

Profession:

Referred / Recommended by:

Main reason for an optometric check-up at sehzentrum zürich:

Are you undergoing medical treatment?

ophthalmologist paediatrician osteopathy homeopathy other

I wear:

glasses contact lenses

My last check-up with an eye doctor:

I hereby consent to the following terms and conditions:*

Yes No Date: Signature:

*Terms and conditions:

- Please change or cancel apointments 24 hours in advance. Cancelations on short notice will be charged according to the time reserverd.
- If relevant, check with your health insurance provider to what extent costs are covered.
- I consent to the sehzentrum zürich, if needed, to pass my relevant examination results to my doctors or therapists for the purpose of completing my patient dossier.
- I hereby accept the date protection policy as under https://www.sehzentrum-zuerich.ch/datenschutz.html

Questionnaire for first examination for adults

sehzentrum ZÜRICH

We kindly ask you to fill out the checklist below as fully as possible to help us have the best overall understanding of your visual situation. We will be here to help should you have any questions. Thank you very much!

Name: **Date:**

Might the following have been observed by yourself or others?

(Please tick the appropriate box)	No	Yes	Sometimes	Unknown
Faraway things appear blurry / fuzzy (cinema / board etc.)				
I feel less sure when it starts to get dark / in bad light				
I'm sensitive to light				
I find it difficult to judge distances				
Close up text is blurry / fuzzy (book / smartphone)				
Reading is tiring (only a few pages before tiring)				
Adjusting from far to near or vice versa is difficult				
Working at a screen is tiring				
Letters / objects can temporarily be seen double				
I often experience dry / red / watery / sensitive / itchy eyes				
I have noticed flashing lights or floating dots in my vision				
I often feel pain (pressure / pull) around the eye / in the eye socket				
I often suffer from headaches / migraines				
I suffer from dizziness				
My neck / back is often tense or painful				
Have you had an injury / inflammation / operation of the eyes?				
Which were?				
Has anyone ever mentioned you are cross-eyed or have a squint?				
Is there a history of eye-problems in the family?				
Do you suffer from allergies?				
Are you currently in good health?				
Are you taking any medication?				
Are you undergoing any medical treatment?				
Which?				

Send