

# Superior Vision's SmartAlert My Vision Lifestyle Update Form



This form may be used to assist you and your Superior Vision Plan provider during your next eye exam. The purpose is to serve as a handy tool to update your provider on relevant day-to-day circumstances which may have an impact on the quality of your vision.

Please complete it as close to the date of your next eye exam with your Superior Vision Plan provider and take it with you to your appointment.

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Last Eye Exam: \_\_\_\_\_

## Please check all that apply

### Computer

- I work on a computer more than 4 hours per day
- I frequently move between printed materials and the computer monitor

At the computer, I normally wear

- Glasses
- Contact Lenses
- No Eyewear

### Work Activity

- I spend 5 or more hours outdoors, per work day
- My job requires me to wear safety glasses
- My job requires reading text and documents

### Leisure Activity

- I participate in close-up detailed vision activities like needle work, sewing, machine work
- I play a musical instrument
- I like to read
- I garden or do lots of yard work
- I spend 5 or more hours outdoors, per day
- I participate in sports where glaring sun is a factor (skiing, fishing, boating, field sports, etc.)
- I participate in contact sports

### Symptoms

- Double vision
- Blurred vision
  - Near
  - Far
- Headaches
  - Frequency \_\_\_\_\_
- Tired eyes due to strain
- Neck or shoulder pain
- Sensitivity to glare
- Seasonal allergies
- Do you have pets?
  - Dog \_\_\_\_\_
  - Cat \_\_\_\_\_
  - Other \_\_\_\_\_

### Environment

At home, I normally wear:

- Glasses
- Contact Lenses
- No Eyewear

Describe the lighting in your home:

- Natural
- Fluorescent
- Incandescent
- Overhead lighting
- Table lamps
- Bright
- Subdued
- Warm
- Cold

At work, I normally wear:

- Glasses
- Contact Lenses
- No Eyewear

Describe the lighting in your work area:

- More than 5 hours is spent driving, per workday
- Natural
- Fluorescent
- Incandescent
- Overhead lighting
- Task lighting
- Bright
- Subdued
- Warm
- Cold

### New Information for My Eye Doctor

New clinical diagnosis since my last vision exam:

New or changes in medications since my last vision exam:

Disclaimer: Superior Vision Services makes no representation about the suitability of this information for medical purposes or any other purpose. The information provided by the eye care provider is to be used by the member with his/her healthcare provider and does not constitute Superior Vision Services' endorsement of the information, nor does Superior Vision guarantee the accuracy of the information. In no event shall Superior Vision be liable for any special, indirect, or consequential damages or any damages whatsoever, arising out of or in connection with the use or performance of this information or for the ongoing monitoring of the member's healthcare.

This is not a referral form.

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