



Do you notice any glare or halos at night? (This may be noticed as a ring or reflection around streetlights or headlights.) Yes No

Is your night vision worse than your vision in daylight? Yes No

Have you ever been turned down for laser vision correction? Yes No

If yes, please list the reasons: _____

Are you an eye rubber? Yes No

Are your eyes dry? Yes No

Are you taking antidepressant medication? Yes No

Are you taking antihistamine medication? Yes No

Are you taking steroids? Yes No

Do you have an active disease affecting your body? Yes No

Please list: _____

(Female Patients) Are you pregnant or nursing? Yes No

Who referred you to our practice? _____

Did you learn about Dr. Mandel from the web? Yes No

If yes, please circle one of the following:

Google

Yahoo

Top Doctors America

New York Magazine Best Doctors

City Search

Yelp

Angie's List

All About Vision

Other: _____