



Do you notice any glare or halos at nighttime? (This may be noticed as a ring or reflection around streetlights, or headlights.)

___ Yes ___ No

Is your nighttime vision worse than your daytime vision?

___ 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 choose one of the following:

Google*

Yahoo*

*Keyword Search Term(s) Used: _____

Top Doctors America (Castle Connolly)

New York Magazine Best Doctors

City Search

Yelp

Angie's List

All About Vision

Other: _____