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Contact Lens Wear History

Name: _____ Date: _____

Please answer the following questions as accurately as possible.

How many years have you worn contact lenses? _____

Do you currently wear soft or rigid contact lenses? _____

Please list the brand and power if you know them. _____

Please indicate if you wear: [] toric lenses for astigmatism, [] bifocal or multifocal lenses, [] lenses for keratoconus, or [] post-surgical lenses.

Do you currently sleep with your contact lenses? ____ Yes ____ No

If yes, how long do you generally leave them in without removal for cleaning and disinfection? (Please be truthful) _____

Have you ever had a painful red eye or corneal ulcer from wearing contacts?
____ Yes ____ No

When was your last comprehensive eye examination including pupil dilation?

When was your last contact lens check-up? _____

How often do you discard and replace your contact lenses? _____

How long have you been wearing your current pair? _____

Who fit your current contact lenses? _____

Which lens care solutions do you currently use for rubbing, rinsing, and storage?

Which brand of lubricating drops do you currently use? _____

Please list the names of any contact lens solutions that have previously irritated your eyes.

Do you currently have quality, UV-absorbing sunglasses to use with your contact lenses?
____ Yes ____ No

Thank you for your assistance.