

No. \_\_\_\_\_

○Please fill the blank ※Please write your name in Katakana, if you can

Male Female

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address 〒 \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Nationality \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

■What kind of symptoms do you have?

right eye left eye both eyes

\*Since when have you had problems? Since \_\_\_\_\_ (year) \_\_\_\_\_ (month, date)

itching discharge aching red eye

dry eye eyestrain foreign body sensation/sandy

blight sparks blurred vision

You see something flying like mosquitoes before your eyes

Your field of vision is getting narrower

others(\_\_\_\_\_)

■Have you ever been allergic to medication?

No Yes(What kind of medication? \_\_\_\_\_)

■Questions for women :

\*Are you pregnant or do you have a possibility of pregnancy?

No Yes → \_\_\_\_\_ months There is possibility of pregnancy

■What illnesses have you had in the past?

hypertension diabetes atopic.dermatitis

Do you receive other ophthalmologic treatments?

others(\_\_\_\_\_)

\*How long have you had illnesses? Since \_\_\_\_\_ (year) \_\_\_\_\_ (month, date)

\*Do you presently take medication?

No Yes(\_\_\_\_\_)

■Have you ever been through an ophthalmologic surgery?

No Yes(What kind of surgery? \_\_\_\_\_)

■Does any of your family member have glaucoma?

No Yes

**Questions for those who want contact lenses:**

■ What kind of contact lenses would you like?

Disposable contact lenses ( 1day  2weeks  1month)

hard contact lenses  conventional soft contact lenses

color contact lenses

(Name of contact lenses: \_\_\_\_\_)

I want consultation

■ Have you ever worn contact lenses?

No, this is the first time.

Yes

(Name of contact lenses: \_\_\_\_\_)

(Care products for contact lenses you have used: \_\_\_\_\_)

■ Please write down the parameters of the contact lenses you use.

Right eye(\_\_\_\_\_) Left eye(\_\_\_\_\_)

■ Please answer the following questions.

Do you feel tired when you use the computer for a long time?

Yes  No

Do you feel difficulty to put off contact lenses?

Yes  No

Would you like to try contact lenses, which are more comfortable?

Yes  No

■ Where will you purchase contact lenses?

J Contact  Other shop (including online)  Haven't yet