

Dr. Randall G. Melchert, O.D.
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Brookfield, WI 53005
(262) 781-2020

If you are noticing any of the following symptoms, please place a check mark next to the appropriate problem:

- ___ 1. Eye strain
- ___ 2. Headaches
- ___ 3. Tearing
- ___ 4. Frequent rubbing of the eyes
- ___ 5. Blurriness
- ___ 6. Blurry vision when shifting from near to far
- ___ 7. Sporadic double vision
- ___ 8. Eye fatigue while reading
- ___ 9. Loss of place when reading
- ___ 10. Omitting or substituting words when reading
- ___ 11. Visual problems due to computer work
- ___ 12. Do your eyes feel dry?
- ___ 13. Do your eyes feel sandy or gritty?
- ___ 14. Do you use artificial tears during the day?
- ___ 15. Do you feel the need to use artificial tears during the day?
- ___ 16. Other (please specify)_____

Signature_____Date_____

E-mail Address:_____

If you have any questions about your vision during your visit today, please mention them to Dr. Melchert. If you have chosen not to have the Optomap retinal exam (please see Optomap consent form), dilating drops will be part of your comprehensive exam today.

Change of Address or Phone? Please let us know!

