Natural Vision
IMPROVEMENT CENTRE

(780) 757-2774
#206-8135, 102 St. Edmonton, AB
www.ImproveEyesightNaturally.ca

INTAKE FORM

Today's Date:	**Natural Vision Info-Orientation Attended:** **YES or NO DATE:**_____

Name:
Address:
Email:
Phone(s):
Birthdate:

Who were you referred by? Or; how did you find out about Natural Vision Improvement Centre (NVIC)?

Vision history: Do you wear glasses/contact lenses? If yes, how many hours/day do you wear glasses/contacts?

Recall the period of your life when you first noticed difficulties with your vision (including two years prior to needing glasses). What was going on around you? For instance, had you recently moved; experienced difficulties with a teacher; changed job; had relationship difficulties; etc?

At what age did you get your first pair of glasses/contacts? Age:

Has the eye doctor ever told you that even with lenses you do not see 20/20? (yes / no)

Current prescription (if you don't know, ask an optometrist or optician to take your prescription from your current lenses): Complete the columns that apply to your prescription (often just the first column is necessary).

Prescription	Sphere/ Correction	Cylinder for Astigmatism	Axis for Astigmatism	ADD	Prism	Base
O.D. (Right Eye)						
O.S. (Left Eye)						

Estimate time (minutes/hours) a day you spend:	**Driving?**	**Computer?**	**Reading?**	**Close-up work?**	**TV/Video Games?**	**Outside in natural light?**

Do you have any difficulty with night vision? (Yes / No): **Are you light sensitive? (Yes / No)** (Circle)

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How do you do visually with:

Reading – Do you tilt your head to one side or use only one eye? Experience eye fatigue or blur?

Sports – How is your eye-hand coordination and 3D perception?

Riding in a car – do you experience motion sickness?

Driving a car – Are you a confident driver? Do you feel you are able to assess distances between cars accurately?

What factors do you notice affect your vision?

GENERAL HEALTH QUESTIONS:	Write your answers over here!
What do you currently find stressful in your life? How do you deal with stress?	
What are your vision goals?	
Have you ever been diagnosed as having an eye disease such as cataracts, glaucoma, etc? If yes, which eye disease?	
Are you currently being treated for a medical problem? If so, please describe and list medications:	
Do you follow a particular nutritional diet/eating program? Do you exercise regularly?	
Do you meditate, practice yoga or other disciplines for body/mind relaxation?	
What activities or hobbies do you enjoy most? Or did you enjoy most as a child?	

What is your primary/secondary occupation?

How might your life be different when you attain your vision goals?