



South Jersey Eye Associates, P.A.

Eyecare At Its Best

OPTOMETRY
Robert M. Cole, III, O.D., F.A.A.O. • Michael A. Feinstein, O.D.
OPHTHALMOLOGY
Harry A. Lebowitz, M.D.

We Want to Know More About You!

Please take a minute to answer a few questions to help us meet your vision needs more thoroughly.

Mr. Miss Mrs. Ms.

Male Female

First Name _____ MI _____ Last Name _____

Phone Number _____ Email Address* _____

*Only to be used for SJEA communications and will not be shared with third parties.

Are you satisfied with your current glasses? Yes No

Do you usually wear sunglasses or lenses that darken in the sun? Yes No

Please indicate all hobbies/activities in which you participate or have an interest:

OUTDOORS

- walking/running cycling swimming
- skiing golfing team sports
- hunting/shooting water sports (e.g.: fishing, boating, etc.)

INDOORS

- reading musical instrument needlework/crafts
- woodworking drawing/painting computer

OTHER: _____

Are there any visual demands or eyestrain created in your home or work environment? *If yes, please explain.* Yes No

Do you need safety glasses for home or work? Yes No

Your Occupation: _____

Do you have any specific eyewear needs that you would like to discuss with our optical staff? *Feel free to write them below if you wish.* Yes No

We now have contact lenses for nearsightedness, astigmatism, farsightedness, and for bifocal wearers too! Would you be interested in trying contact lenses for a day at no charge? Yes No

Laser vision correction can eliminate the need for glasses or contact lenses in people with nearsightedness, astigmatism, or farsightedness. Would you like to know more about this freedom from glasses and contact lenses? Yes No

First visit? Who can we thank for recommending SJEA? _____