

Help us ENVISION your Lifestyle!

We are here to provide you the best eye health advice, prescription and eyewear based on *your* needs and our advice. Help us get to know you so we can maximize your best experience.

Occupation _____

Do you work on a computer? Y or N # of hours before your eyes become tired? _____

Do you read extensively for work or relaxation? Y or N # of hours per day? _____

How many hours do you spend outside in an average week? _____

What do you like to do? (Please Check for Yes)	Do you have Eyewear for this activity?
___ Cycling	Y or N
___ Walking/Jogging/Hiking	Y or N
___ Golf	Y or N
___ Tennis	Y or N
___ Water Sports	Y or N
___ Snow Sports	Y or N
___ Other? Please specify _____	Y or N

Do you have any other special visual requirements? If yes, please describe:

Would you like to wear contacts?

Are you interested in LASIK surgical vision correction?

We love what we do! We take pride in providing you an excellent eye care experience. Your thoughts and suggestions are welcome and help us maintain top tier service. We welcome and encourage your thoughts and ideas to better your experience at Envision:
