WOODCLIFF LAKE OPHTHALMOLOGY, LLP.

MARY MENDELSOHN, MD, FAAO
Comprehensive Eye Care & Medical Retina
Diabetic Eye Care & Laser Eye Surgery

ALYSON G. YASHAR, MD, FAAO
Comprehensive Eye Care, Cataract Surgery,
LASIK, Botox, Lid Surgery & Neuro-Ophthalmology

GAYLE GROSSMAN-ALWEISS, MD, FAAO
Comprehensive Eye Care, Corneal Disorders,
Glaucoma

THANK YOU FOR CHOOSING WOODCLIFF LAKE OPHTHALMOLOGY FOR YOUR CATARACT CONSULT

Attached please find three forms to be completed.

Please bring these forms to your cataract consult appointment, along with your insurance cards, a photo ID and a list of medications you are currently taking.

Please arrive 30 minutes earlier than your scheduled time.

If you are a contact lens wearer, please refrain from wearing your lenses for three days prior to your appointment.

If you have any questions, please do not hesitate to call the office at (201) 782-1700.

Thank you

577 Chestnut Ridge Road, Woodcliff Lake, NJ 07677 • Tel. (201) 782-1700 • Fax (201) 782-1749 • www.bergeneye.com

Patient Name_____ Date _____

Which eye is being evaluated ☐ RT ☐ LT ☐ BOTH

		Yes	No		Yes	No
Do you take:	Flomax	☐	☐	Saw Palmetto	☐	☐
	Uraxatrol (Alfuzosin)	☐	☐	Cardura (Doxazosin)	☐	☐
	Terazosin (Hytrin)	☐	☐	Rapaflo (Silodosin)	☐	☐

Do you have difficulty, even with glasses, doing any of the following activities?

	Yes	**No**
Reading small print, such as labels?	☐	☐
Reading a newspaper or book?	☐	☐
Reading a large print book?	☐	☐
Recognizing people when they are close to you?	☐	☐
Seeing steps, stairs, street signs, or store signs?	☐	☐
Writing checks or filling out forms?	☐	☐
Poor night vision?	☐	☐
Seeing rings or halos around lights?	☐	☐
Glare caused by headlights or bright sunlight?	☐	☐
Hazy and/or blurry vision?	☐	☐
Poor color vision?	☐	☐

If you drive a car, please answer the following questions.

How much difficulty do you have driving **during the day** because of your vision?
☐ No difficulty ☐ Moderate amount of difficulty ☐ Great deal of difficulty

How much difficulty do you have driving **at night** because of your vision?
☐ No difficulty ☐ Moderate amount of difficulty ☐ Great deal of difficulty

Cataract surgery can almost always be safely postponed until you feel that stronger glasses aren't improving your vision anymore.
Do you feel that you need cataract surgery? ☐ Yes ☐ No

Signature:_____ Date:_____

Patient Medical Record Number/Patient ID*:

Date:

Practice: Alyson Yashar, MD

Operating Physician: Yashar,Alyson G.

Pre-Operative Cataract Surgery - Visual Functioning Index (VF-8R) Patient Questionnaire

Do you have difficulty, even with glasses with the following activities?

1. Reading small print such as labels on medicine bottles, a telephone book or food labels?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	
2. Reading a newspaper or book?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	
3. Seeing steps, stairs or curbs?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	
4. Reading traffic, street or store signs?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	
5. Doing fine handwork like sewing, knitting, crocheting or carpentry?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	
6. Writing checks or filling out forms?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	
7. Playing games such as bingo, dominos, card games or mahjong?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	
8. Watching television?	☐ **Yes**	☐ **No**	☐ **Not Applicable**
If **yes**, how much difficulty do you currently have?	☐ A Little	☐ A Moderate Amount	
	☐ A Great Deal	☐ Unable to do the activity	

Date _____ Name _____

Cataract and Refractive Lens Exchange Questionnaire

The term "cataract" refers to a cloudy lens within the eye. When a cataract is removed, an artificial lens is placed inside the eye to take the place of the human lens that has become the cataract. Occasionally, clear lenses that have not yet developed cataracts are also removed to reduce or eliminate the need for glasses or contacts. If it is determined that surgery is appropriate for you, this questionnaire will help us provide the best treatment for your visual needs. It is important that you understand that many patients still need to wear glasses for some activities after surgery. Please fill this form out completely and give it to the doctor. If you have questions, please let us know and we will assist you with this form.

1. After surgery, would you be interested in seeing well **without glasses** in the following situations?

Distance vision (driving, golf, tennis, other sports, watching TV)

___Prefer no **Distance** glasses. ___ I wouldn't mind wearing **Distance** glasses.

Mid-range vision. (computer, menus, price tags, cooking, board games, items on a shelf)

___Prefer no **Mid-range** glasses. ___ I wouldn't mind wearing **Mid-range** glasses.

Near vision (reading books, newspapers, magazines, detailed handwork)

___Prefer no **Near** glasses. ___ I wouldn't mind wearing **Near** glasses.

2. Please check the **single** statement that best describes you in terms of **night vision:**

___ a. Night vision is extremely important to me, and I require the best possible quality night vision.
___ b. I want to be able to drive comfortably at night, but I would tolerate some slight imperfections.
___ c. Night vision is not particularly important to me.

3. If you **had** to wear glasses after surgery for one activity, for which activity would you be **most** willing to use glasses? ____**Distance Vision.** ____**Mid-range Vision.** ____**Near Vision.**

4. If you could have good **Distance Vision during the day without glasses**, and good **Near Vision for reading without glasses**, but the compromise was that you might see some **halos or rings** around lights at night, would you like that option? ____Yes ____No

5. If you could have good **Distance vision during the day and night** without glasses, and good **Mid-range Vision** without glasses, but the compromise was that you might need glasses for reading the finest print at near, would you like that option? ____Yes ____No

6. Surgery to reduce or eliminate your dependence upon glasses for **Distance, Mid-range and Near Vision** may be partially covered by insurance if you have a cataract that is covered by insurance. Would you be interested in learning more about this option?

____Yes ____No ____Maybe, it depends on how much is covered by insurance.

7. Please place an "X" on the following scale to describe your personality as best you can:

[----------[----------]

Easy going Perfectionist

Please Sign Here _____