

# NEUROLENS MEASUREMENTS

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

	NEVER	RARELY	SOMETIMES	VERY OFTEN	ALWAYS
Headaches	1	2	3	4	5
Neck/shoulder pain/stiffness	1	2	3	4	5
Discomfort w/ comp use	1	2	3	4	5
Tired Eyes	1	2	3	4	5
Dry Eyes	1	2	3	4	5
Light Sensitivity	1	2	3	4	5
Motion Sickness	1	2	3	4	5

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OFFICE USE ONLY

NEUROLENS VALUE \_\_\_\_\_

DISTANCE # \_\_\_\_\_ EXO / ESO

DISTANCE OS PD \_\_\_\_\_

DISTANCE OD PD \_\_\_\_\_

DISTANCE MQI \_\_\_\_\_

NEAR # \_\_\_\_\_ EXO / ESO

NEAR MQI \_\_\_\_\_

NOTES: \_\_\_\_\_

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