



John J. Costello, Jr., D.O.

Patrick Costello, M.D.

EYE PHYSICIANS AND SURGEONS

_____ www.costellolasik.com _____

Patient Name _____ Date _____

What is your Occupation? _____

Which of the following activities would you be interested in doing without glasses? (place checkmark)

- ☐ Reading the newspaper
- ☐ Reading the prescription medicine bottle
- ☐ Looking at your watch
- ☐ Working on your computer
- ☐ Dialing a phone
- ☐ (Ladies) Putting on your make up
- ☐ (Men) Shaving your face
- ☐ Sports Activities
- ☐ Watching TV
- ☐ Driving a car

Other activities you would enjoy without glasses _____

What sporting or recreational activities do you engage in?

- If given the opportunity, would you like to be left free from dependence on glasses for near and far after cataract surgery? Yes No
- Place an "X" on the following scale to describe your personality as best you can:

Easygoing			Perfectionist

Patient Signature _____

Technician Physician

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