



New Vision Laser Center

Patient Occupation Questionnaire

In order to customize your laser vision correction treatment, please answer the following questions.

1. What type of work do you perform? (Brief job description)

2. What is the name of your employer and where is your company located?

3. Do you have a job or hobbies that have special visual needs?
(ie. needlepoint, sports, data entry, etc.)

4. Do you hunt or shoot competitively? No _____ Yes _____

- If yes, which eye do you aim with?

Left _____ Right _____

5. Which hand do you write with?

Left _____ Right _____