

# PROGRESS REPORT FOR PATIENT

To be completed and returned by appropriate patient. Children do not receive these.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Now that we have reached the end of your office visits, we ask that you note on this form any performance changes that you have observed since starting your visual training program. Several areas are suggested below. We also ask you to feel free to make any comments or suggestions regarding your program.

Home:

Shopping:

Driving:

Work:

Recreation:

Hobbies:

Other:

General Comments/Suggestions:

Please fill in and return to:

\_\_\_\_\_ (Optometrist's name and address)