

**John C. Metzger, OD, LLC**  
KC Vision Performance  
Vision Therapy • Neuro-Optometry • Low Vision Rehab  
10875 Grandview Dr., Ste. 2260, Overland Park, Kansas 66210  
(913) 469-8686      kcvisionperformance.com

**Low Vision Rehabilitation Intake Form**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**VISION HISTORY**

What are your current vision concerns?

---

What kind of glasses have you been wearing (bifocal, trifocal, progressive, distance only, near only, etc.), and how old is the prescription?

---

When was your last eye exam and/or ophthalmologist exam?

---

Who is your eye doctor and the clinic name? List multiple doctor/clinics if necessary.

---

Do you want us to send reports to any of the doctors listed above? If so, please circle them.

---

**LOW VISION HISTORY**

Have you had previous low vision care by a low vision specialist (not a retina specialist or surgeon)? If so, please tell us the doctor/clinic name.

---

Are you currently using any low vision devices? If so, please list them.

Do you currently drive?      Yes      No

---

What is your current living situation?

---

What are your goals for low visions rehabilitation?

---