

# Patient Screening Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Last Eye Exam \_\_\_\_\_

▶ How did you hear about our clinic (please check one):

- Newspaper     Yellow Pages     Internet: (Address \_\_\_\_\_)
- TV     Radio     Past Patient: ( \_\_\_\_\_ )
- Vision Insurance: ( \_\_\_\_\_ )     Other \_\_\_\_\_
- Optometrist: ( \_\_\_\_\_ )

▶ What corrective lenses are you currently wearing?

- Glasses     Soft Daily Wear     Soft Overnight Wear
- Soft Toric     RGP     Hard PMMA

▶ The next step after your screening is to have a full eye exam. Your eye exam is required at least 24 hours before your surgery date and you must be out of your contact lenses.

- If possible, I would like to have my exam today. (*The cost for an exam is \$200.00.*)
- I will schedule my eye exam on a later date.

---

**For Office Use Only**

Candidate for SX? \_\_\_\_\_ Type of SX?     LASIK     PRK

Both eyes treated same day?  Yes     No     Complex     Custom     Intralase     Keratome

# Refractive Checklist

Name \_\_\_\_\_

**Yes**

**No**

Do you have trouble with distance vision?

Do you have trouble seeing up close?

Do you wear reading glasses for close work?

If yes, how many years have you been wearing them? \_\_\_\_\_

Do you have night vision problems?

If yes, please describe: \_\_\_\_\_

Do you have dry eyes?

If yes, please describe: \_\_\_\_\_

Are certain sports or hobbies you're interested in compromised by your near vision?

If yes, which ones: \_\_\_\_\_

Do you have severe diabetes or severe allergies?

Do you have any active eye diseases, for example glaucoma, cataracts, or other health problems such as: collagen, vascular, autoimmune or immunodeficiency diseases (for example: Rheumatoid, Lupus, AIDS)?

If yes, please describe: \_\_\_\_\_

Would you be satisfied with a procedure that allows you to function in a daily life without reading glasses, but still require you to use them for prolonged close work?

What type of work do you do? \_\_\_\_\_

How many hours per day do you spend on the computer? \_\_\_\_\_

How many hours per day do you spend reading, either for business or for pleasure? \_\_\_\_\_

Describe any vision issues that occur when driving? \_\_\_\_\_