

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 \$300.00.)*
 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? _____