LASER VISION TREATMENT QUESTIONNAIRE

Name: __________________________________________  Today’s Date: _____ / _____ / ________

Medical History:

▪ Do you have any current health conditions? (Arthritis, Diabetes, High Blood Pressure, Autoimmune Disease, Keloid Scarring, Pregnancy(Nursing), AIDS/HIV, Other?
  List ____________________________________________  YES  NO

▪ Have you had any previous eye conditions / injury / surgery?
  List ____________________________________________  YES  NO

▪ Do you take any medications?
  List ____________________________________________  YES  NO

▪ Are you allergic to any medications?
  List ____________________________________________  YES  NO
  Including:  Latex: YES NO Reaction______________  Adhesive: YES NO Reaction______________

▪ Do you visit an eye doctor on a regular basis?  YES  NO  if yes, please list his/her name:________________________
  When was your last eye exam? _________________  Did your eye doctor discuss Laser Vision?  YES  NO
  What laser center(s) did he/she recommend?  ____________________  ____________________  ____________________

Contact Lens / Glasses Wear:

▪ Do you currently wear contact lenses?  YES  NO  How long since you last wore them?________________________
  How many years have you worn / used contacts? ________ Please indicate the type of contacts you wear now or wore in the past.
  Soft Toric RGP Multifocal  Do you wear your contacts overnight?  YES  NO

▪ Do you do monovision with your contact lenses?  YES  NO  Which eye is the reading eye:  Right  Left  Unknown

▪ Please circle any other reasons for problems with glasses or contacts:
  Poor comfort  Poor Peripheral vision  Poor cosmetic appearance
  Safety / Security  Restricts my physical activity  Occupational limitations

▪ What activities do you find most hindered by glasses or contacts? _______________________________________________

▪ Please circle any of these hobbies or activities that you participate in
  Scuba Diving  Kick Boxing  Karate  Basketball  Football  Softball  Sky Diving  Racquetball  Golf
  Other:________________________________________________________________________________________

Signature:___________________________________________  Date _____ / _____ / ________

Amended 1/20