

**LASIK SCREENING FORM**

Do you have trouble seeing far away or up close? \_\_\_\_\_

How long has your prescription been stable? \_\_\_\_\_

Do you wear contact lenses?     Y     N     If YES, date last worn: \_\_\_\_\_

What problems are you experiencing with your glasses and/or contacts? \_\_\_\_\_

How long have you been thinking about having LASIK? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

If you are a good candidate, how soon would you like to have the procedure? \_\_\_\_\_

What (if anything) in the past has stopped you from proceeding with LASIK? \_\_\_\_\_

Is there a chance you could be pregnant or nursing?   Y   N   Are you planning to be pregnant within the next 6 months?   Y   N

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**OCULAR HISTORY**

- Y   N   Keratoconus
- Y   N   Corneal Erosions or Ulcers
- Y   N   Herpes Simplex Virus Keratitis
- Y   N   Lazy Eye
- Y   N   Dry Eyes
- Y   N   Thyroid Eye Disease
- Y   N   Lid Disease
- Y   N   Glaucoma
- Y   N   Macular Degeneration
- Y   N   Cataract
- Y   N   Retinal Tear or Detachment
- Y   N   Surgery or Injury to the Eye
- Y   N   Radiation Therapy

**SYSTEMIC HISTORY**

- Y   N   Auto Immune Disorder
- Y   N   Imitrex (sumatriptan) Use
- Y   N   Cordarone (Amiodarone) Use
- Y   N   Accutane (Isotretinoin)
- Y   N   Diabetes
- Y   N   Psoriasis
- Y   N   Eczema
- Y   N   Organ Transplant

Other: \_\_\_\_\_

**What I am looking for in LASIK/PRK with Newsom Eye (Please rate these in order of most important 1 to 6)**

- Financing**                             \_\_\_\_\_
- Facility**                                \_\_\_\_\_
- Technology**                            \_\_\_\_\_
- Experience and Reputation of Surgeon**   \_\_\_\_\_
- Cost**                                    \_\_\_\_\_
- Results**                                 \_\_\_\_\_

*All of the above information is true and accurate to the best of my knowledge. I understand that this is a preliminary screening and does not constitute a true eye exam. Further examination is required to ensure that I am a candidate for Refractive Surgery.*

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_