

LASER VISION CORRECTION QUESTIONNAIRE

iLASIK is a very effective vision correction procedure when performed on the proper patient, but it is not for everyone. Please answer the following questions honestly in order to achieve the best possible outcome if you are found to be a good candidate:

What do you hope to achieve with iLASIK? _____

Why did you choose Alabata Eye Center? _____

Do you participate in contact sports such as boxing, martial arts, wrestling or others? Yes No

Do you wear: Contact Lenses: Soft/Hard Eyeglasses?

Did you have a significant change in your last eyeglass or contact lens prescription? Yes No

Have you had previous: RK PRK LASIK?

Do you suffer from dry eyes? Yes No

Do you have keratoconus or other corneal conditions? Yes No

Have you had any significant eye injuries or eye surgeries? Yes No Explain: _____

Have you had Herpes Simplex or Herpes Zoster involving the eye or around the eye? Yes No

Do you have inflammation of the eyes such as iritis or uveitis? Yes No

Do you have: Glaucoma Glaucoma Suspicion Ocular Hypertension?

Are you using Isotretinoin or Accutane for the treatment of acne? Yes No

Are you diabetic? Yes No

Do you have an autoimmune disease such as lupus, rheumatoid arthritis, or others? Yes No

Do you have an immunodeficiency state such as HIV or others? Yes No

Women: Are you: Pregnant Nursing?

NAME: _____

AGE: _____

Signature: _____

DATE: _____