Pankratz
Eye Institute

Today's Date ____/____/___

LASER VISION INFORMATION

Name_____
Last First Middle Initial Nickname

Date of Birth _____/_____/_____ Age_____ Sex_____ Social Security # _____-_____-_____

Address _____
Street City State Zip

Phone _____ Cell Phone _____ Email _____

Employer_____
Name Phone Occupation

Marital Status_____ Spouse's_____
First Name Employer Phone

Emergency Contact: Name _____ Relationship_____

Home Phone ( )_____ Work Phone ( )_____
Area Code Area Code

Insurance Company _____

Medical History _____

Do you have any of the following conditions?

☐ Rheumatoid Arthritis ☐ Diabetes ☐ High Blood Pressure ☐ Pregnancy/Breastfeeding ☐ Lupus

☐ Osteoarthritis ☐ Scarring Keloid ☐ Accutane ☐ Imitrex

☐Other_____

Do You Take Any Medications? Please list below.

_____

_____

Are You Allergic to any Medications?

_____

Do you have an allergy towards latex? ☐ Yes ☐ No

Have you had any previous eye conditions/injury/surgery?

_____

_____

CONTACT LENS WEAR

Do you currently wear: □ Glasses □ Contacts

If Contact Lenses, What Kind? □ soft daily wear □ soft extended wear □ RGP/Hard Lenses □ Other

How many years have you worn contacts? _____ or glasses? _____

Are contacts **in**? □ Or **out**? □ If out, how long have you had them out? _____

What is the name of the eye doctor that you see on a regular basis? _____

When was your last eye exam?_____ How long have you considered laser eye surgery?_____

Please check any other reasons for problems with contacts or glasses:

□ Poor Comfort □ Poor cosmetic appearance □ Tired of having poor vision

□ Nuisance □ Limits enjoyment of activities □ Safety/Security

□ Dependence □ Restricts my physical activities □ Poor peripheral vision

□ Occupational limitations

□ Other_____

ON A SCALE FROM 1-5, PLEASE INDICATE HOW IMPORTANT THE FOLLOWING ARE TO YOU:

	Least	Not Very	Somewhat	Very	Most
Safety of Procedure	1	2	3	4	5
Experience of Doctor	1	2	3	4	5
Cost/Expense	1	2	3	4	5
Long-Term Studies	1	2	3	4	5
Financing	1	2	3	4	5
Not interfering with lifestyles	1	2	3	4	5
Talking to Former Patients	1	2	3	4	5

HOW DID YOU HEAR ABOUT US?

□ Internet/Web Site □ Drive by □ Radio station _____

□ Yellow Pages □ TELEVISION

□ Friend_____ □ Relative_____

□ Co-worker _____ □ Doctor_____

□ Other _____

ARE YOU INTERESTED IN FINANCING? □ Yes □ No