

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 OccupationMarital Status _____ Spouse's _____
First Name Employer PhoneEmergency 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