DRY EYE QUESTIONNAIRE

TLC LASER EYE CENTERS

Name _____ **Date** _____

Age _____ **Sex** ☐ **M** ☐ **F** **Occupation** _____

1. ***Have you had any of the following issues? (Check all that apply)*** ☐ ***None***

- ☐ Eyes feel dry
- ☐ Discharge from eyes
- ☐ Red/irritated eyes
- ☐ Itching
- ☐ Foreign body sensation
- ☐ Sandy feeling
- ☐ Sensitivity to light
- ☐ Grittiness
- ☐ Constant tearing
- ☐ Eyes feel tired
- ☐ Irritation from outside air
- ☐ Irritation from swimming
- ☐ Trouble swallowing food
- ☐ Dry mucous membranes

Describe _____

2. ***Have you had any of the following ocular conditions? (Check all that apply)*** ☐ ***None***

☐ Eye surgery ☐ Eye injury ☐ Other eye problems

Describe _____

3. ***Have you had any of the following conditions? (Check all that apply)*** ☐ ***None***

	Yourself	Relative
Glaucoma	☐	☐
Skin disorder/ rash	☐	☐
Herpes simplex	☐	☐
Systemic lupus	☐	☐
Severe acne/ rosacea	☐	☐
Other systemic disease	☐	☐

Describe _____

4. ***Do your eyes become dry with any medications? (Check all that apply)*** ☐ ***None***

- ☐ Antihistamines
- ☐ Diuretics (water pills)
- ☐ Oral contraceptives
- ☐ Blood pressure pills
- ☐ Sleeping tablets
- ☐ Other _____

5. ***Do you: (Check all that apply)***

- ☐ Use a computer more than 2 hours a day?
- ☐ Read for more than 2 hours per day?
- ☐ Use a fan at night?
- ☐ Drink more than 3 caffeinated (coffee, tea, cola) beverages per day?
- ☐ Smoke?

6. ***Have you ever been told that you are a MRSA carrier or have you ever had a MRSA infection?***

☐ Yes ☐ No ☐ Don't know

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE OF PRIVACY PRACTICES AND PATIENT BILL OF RIGHTS

By signing below you:

- Acknowledge that you have been informed of the Privacy Practices and Patient Bill of Rights.
- Acknowledge that you have access to a copy of these documents in the center.

Name of Patient (Please print): _____

_____ _____

Signature of Patient or Personal Representative Date

If Personal Representative's signature appears above, please describe relationship to the Patient:

_____

References Available on the Internet:
www.hospitalconnect.com/aha/about/pbillofrights.html
www.isrs.org

Other References:
International Society for Refractive Surgery Position Paper on Co-Management of Refractive Surgery Preoperative and Postoperative Care, 2001 available from www.isrs.org