

SUGARLAND EYE & LASER CENTER

FOR A PERSONAL LASIK EXPERIENCE

INITIAL QUESTIONNAIRE FOR LASER IN-SITU KERATOMILEUSIS (LASIK) EVALUATION
AMJAD KHOKHAR, M.D.

Name: Home:

Address: Office:

City: State Zip Cell:

Date of Birth: Age: Race:

Marital Status: Children: Hobbies:

Occupation: Employer: Sports:

How did you hear about us?

- Yes No Are over 18 years of age?
Yes No Has your glasses/contact lens prescription significantly changed in the last 12 months?
Yes No Do you have or can you obtain your eye glasses or your prescription for eye glasses from one year ago?
Years in Glasses Years in contact lenses Contact Lens Type
Yes No Do you suffer from any eye diseases such as dry eyes?
If yes, please describe
Yes No Are you currently being treated with medications such as steroids or immunosuppressants?
Yes No Have you ever been diagnosed with a connective tissue disorder, autoimmune disorder, or rheumatologic disorder such as lupus or rheumatoid arthritis?
Yes No Have you ever had a herpes eye infection?
Yes No Have you ever had an eye injury?
Yes No Are you pregnant or nursing?
True False LASIK surgery is free of risks?
True False LASIK surgery can reduce your dependency on glasses and contact lenses.
True False After LASIK, glasses or contact lenses may still be necessary in some circumstances.
True False After LASIK, glasses or contact lenses may still be necessary for your best vision.

Signature Date

Office use only:
Schedule ASAP / after 3 weeks / after 4 weeks No SCL / HCL wear Do not schedule