COHEN LASER & VISION CENTER TLC Laser Eye Centers®

REFRACTIVE SURGERY SCREENING

NAME:_____ ☐ M ☐ F ☐ N DATE:_____

DOB: _____ AGE: _____ HGT: _____ft _____in WT:_____lbs

ADDRESS:_____ CITY:_____ ST:_____ ZIP:_____

PHONE:_____ EMAIL:_____ @_____

ALLERGIES: ☐ NKDA _____ MRN#_____

REFERRAL: ☐ friend/relative ☐ optometrist ☐ PCP ☐ Ad ☐ Web _____

CO-MANAGING DOC/OPTOMETRIST_____ PH:_____

Why? ☐ freedom from glasses ☐ CL intolerant ☐ job ☐ lifestyle

Occupation: _____Hobbies:_____

History: ☐ glasses ☐ reading glasses ☐ soft contacts ☐ toric contacts ☐ hard/RGP/scleral

☐ <1 year ☐ 1-5 years ☐ >5 years Date last CL wear_____

Glasses Rx: _____ _____ x _____ Add _____ OD

_____ _____ x _____ Add _____ OS

Rx stable for > 1 yr ☐ yes ☐ No Date of last Rx _____

Med Hx: ☐ none ☐ Diabetes ☐ Autoimmune ☐ Pregnancy/nursing (6mo)

☐ HSV/Shingles [☐ OD ☐ OS] **Fam Hx**: ☐ none Other:_____

Meds: ☐ none ☐ Accutane (6mo) Other_____

Ocular Hx: ☐ none ☐ dry eye ☐ glaucoma ☐ retinal dx ☐ corneal dx

Ocular Sx: ☐ none ☐ RK ☐ cataract ☐ LASIK ☐ PRK

Eye drops: ☐ none ☐ artificial tears ☐ other _____

Diagnostics: ☐ AR ☐ Lensometry ☐ Pentacam *Reviewed: GRC JDC*

Dist. Acuity: SC: 20/_____ OD, 20/_____ OS CC: 20/_____ OD, 20/_____ OS ☐ G ☐ CL

Near Acuity: SC: J ___ OD, J ___ OS CC: SC: J ___ OD, J ___ OS ☐ G ☐ CL

IOP: ____ / ____ mmHg @ _____ CCT: _____ /_____ mm RAPD: ☐ N ☐ Y

Dom Eye: ☐ OD ☐ OS _____ *Reviewed: TAK JDC* PUPILS: _____ / _____

PLAN OD: ☐ LASIK ☐ PRK ☐ LRI ☐ ICL GOAL: DIST ☐ MONO ☐ Trial? ☐ Y ☐ N

PLAN OS: ☐ LASIK ☐ PRK ☐ LRI ☐ ICL GOAL: DIST ☐ MONO ☐ Trial? ☐ Y ☐ N

Candidate: ☐ Y ☐ N *EXPECTED SURGERY DATE:*_____

*NOTES:*_____