

REFRACTIVE SURGERY – INITIAL EVALUATION



Name: _____ Date: _____

Occupation: _____ AGE: _____

REASONS FOR SURGERY:

- less dependence–glasses/contacts occupational requirement
 contact lens intolerance recreational activities
 other:

MEDICAL HISTORY:

Diabetes	Y	N
Immunodeficiency	Y	N
Collagen Vascular	Y	N
Pregnancy	Y	N
Cosmetic Surgery	Y	N
Keloid	Y	N
Other:		

CONTACT LENSES:

Type (circle):	Y	N	
Hrs/day:	HCL	GPHCL	SCL
Years worn:	Days/wk:	Last worn:	

How long has glasses/contact lens prescription been stable?

OCULAR HISTORY:

Dry Eyes	Y	N
Sjogren's Syndrome	Y	N
Recurrent Erosions	Y	N
Herpes Simplex	Y	N
Amyopia	Y	N
Other:		

MEDICATIONS:

- Keratoconus Y N
- Cornea Transplant Y N

FAMILY HISTORY:

- Accutane
- Imitrex
- Amiodorone

Surgeon:	Sphere	Cylinder	Axis
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	OD	OS
UCVA:	20/	20/
BSCVA:	20/	20/
NEAR (UCVA):	20/	20/
PUPIL (Room):	___ mm	___ mm
PUPIL (Dim):	___ mm	___ mm

RX	OD	_____	_____	_____°
	OS	_____	_____	_____°
MR	OD	_____	_____	_____° 20/_____
	OS	_____	_____	_____° 20/_____

Dominance OD OS

Mono contacts in past:

CR	OD	_____	_____	_____° 20/_____
	OS	_____	_____	_____° 20/_____

IOP	MOTILITY	DILATION
OD: _____	<input type="checkbox"/> WNL	N&M C1/2% C1%
OS: _____		TIME:

Ks	FLAT	STEEP	STEEP AXIS
	OD	_____	_____°
	OS	_____	_____°

	OD	OS	
Lids/Lashes			<input type="checkbox"/> WNL
Conjunctiva			<input type="checkbox"/> WNL
Cornea			<input type="checkbox"/> WNL
AC			<input type="checkbox"/> WNL
Iris			<input type="checkbox"/> WNL
Lens			<input type="checkbox"/> WNL
Tear Film			<input type="checkbox"/> WNL
Tear BUT			<input type="checkbox"/> WNL
Optic Disc			<input type="checkbox"/> WNL
Macula			<input type="checkbox"/> WNL
Periphery			<input type="checkbox"/> WNL

Calculation – OD Treatment (Surgeon)

_____ TX Sph _____ TX Cyl X _____ TX Axis °

Calculation – OS Treatment (Surgeon)

_____ TX Sph _____ TX Cyl X _____ TX Axis °

Residual Bed _____ OD _____ OS

IR Achieved _____ OD _____ OS

Pachymetry

EYE:	OD	OS
PROCEDURE:	Lasik • PRK • _____	Lasik • PRK • _____
LASER:	Cust • STD	Cust • STD
FLAP:	IL • Blade	IL • Blade
CORRECTION:	Dist • Near	Dist • Near
Price	OD _____	OS _____

Surgical Note:

Comments:

/Volumes/Shared/clients/edow.com/Client Materials/Affiliated Doctors/Refractive Surg. Initial Eval.1005.doc