

\_\_\_\_\_  
 First Name                      M.I.                      Last Name                      Occupation                      Acct #  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Age                      Date of Birth                      Sex                      Referring OD                      Date

History CC/HPI: \_\_\_\_\_  
 \_\_\_\_\_

**ROS/PFSH REVIEWED: NO CHANGE SINCE** \_\_\_\_\_  
**REVIEW OF SYSTEMS (ROS):** Reviewed By \_\_\_\_\_  
 Y N  
  CONSTITUTIONAL \_\_\_\_\_  
  EYES \_\_\_\_\_  
  EARS, NOSE, MOUTH, THROAT \_\_\_\_\_  
  CARDIOVASCULAR \_\_\_\_\_  
  RESPIRATORY \_\_\_\_\_  
  GASTROINTESTINAL \_\_\_\_\_  
  GENITOURINARY \_\_\_\_\_  
  INTEGUMENTARY \_\_\_\_\_  
  MUSCULOSKELETAL \_\_\_\_\_  
  NEUROLOGICAL \_\_\_\_\_  
  HEMATOLOGIC/LYMPHATIC \_\_\_\_\_  
  ALLERGIC/IMMUNOLOGIC \_\_\_\_\_  
  ENDOCRINE \_\_\_\_\_  
  OTHER \_\_\_\_\_

**SOCIAL HISTORY:**  
 Y N  
  DRUGS \_\_\_\_\_  
  ALCOHOL \_\_\_\_\_  
  TOBACCO \_\_\_\_\_

**FAMILY HISTORY:**  
 Nonpertinent  Pertinent \_\_\_\_\_

**CORRECTIVE LENSES:**  
 HCTL  GPCTL Last Worn: \_\_\_\_\_  
 SCTL  GLASSES Years Worn: \_\_\_\_\_

**CONTRAINDICATIONS (RELATIVE):**  
 Y N  
  Dry Eyes  
  Glaucoma  
  Rx Change in 12 mo  
  Diabetes Mellitus  
  Inflammatory Corneal Disease

**ALLERGIES:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATIONS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAST MEDICAL HISTORY:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAST OCULAR HISTORY / OPHTHALMIC MEDICATIONS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GOAL:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRAINDICATIONS (ABSOLUTE):**  
 Y N                      Y N  
  External Disease                        if Herpes Simplex  
  Keratoconus                        ular Astigmatism  
  Active Ocular Infection                        nective Tissue Disease  
  Recurrent Corneal Erosion                        Corneal Abrasion

Name \_\_\_\_\_

Date of SCREENING: \_\_\_\_\_

**Current Rx**

O.D. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis \_\_\_\_\_

O.S. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis \_\_\_\_\_

**VAsc** O.D. 20/ \_\_\_\_\_ **Near** O.D. 20/ \_\_\_\_\_  
O.S. 20/ \_\_\_\_\_ O.S. 20/ \_\_\_\_\_

**VAcc** O.D. 20/ \_\_\_\_\_ **Near** O.D. 20/ \_\_\_\_\_  
O.S. 20/ \_\_\_\_\_ O.S. 20/ \_\_\_\_\_

**Keratometry**

O.D. K1 \_\_\_\_\_ K2 \_\_\_\_\_ K2Axis \_\_\_\_\_

O.S. K1 \_\_\_\_\_ K2 \_\_\_\_\_ K2Axis \_\_\_\_\_

**Manifest Refraction**

O.D. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_

O.S. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_

Add Power \_\_\_\_\_

**Pupils (mm)**

O.D. light \_\_\_\_\_ O.D. dark \_\_\_\_\_

O.S. light \_\_\_\_\_ O.S. dark \_\_\_\_\_

**Pachymetry**

O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

- Reviewed Level of Correction
- Reviewed Pupil Size
- Reviewed Corneal Shape & Thickness

**Diagnosis/Plan**

BHREI to call \_\_\_\_\_

- CK  CRYSTALENS  CUSTOM LASIK  LASIK
- IOL: PHAKIC / ACCOMMODATING

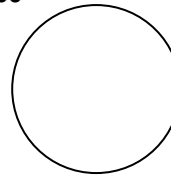
\_\_\_\_\_  
**Signature**

Dominant Eye \_\_\_\_\_

Date of PRE-OP: \_\_\_\_\_

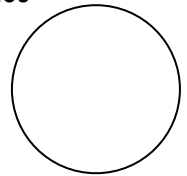
**WNL O.D.**

- lids/lashes
- conj
- cornea
- iris
- a/c
- lens



**WNL O.S.**

- lids/lashes
- conj
- cornea
- iris
- a/c
- lens



**IOP**

O.D. \_\_\_\_\_ mmHg O.S. \_\_\_\_\_ mmHg

Cyclo 1% @ \_\_\_\_\_

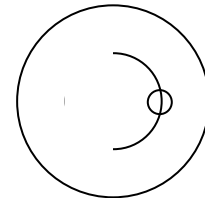
**Cycloplegic Refraction**

O.D. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_

O.S. \_\_\_\_\_ SPH \_\_\_\_\_ CYL \_\_\_\_\_ Axis 20/ \_\_\_\_\_

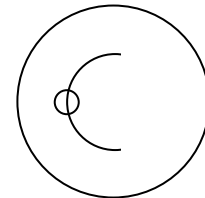
**Fundus WNL O.D.**

- macula
  - periph
- \_\_\_\_\_ c:d



**Fundus WNL O.S.**

- macula
  - periph
- \_\_\_\_\_ c:d



**Diagnosis/Plan**

- Reviewed Informed Consent DVD \_\_\_\_\_
- Reviewed Instructions \_\_\_\_\_
- Discussed expectations, risk/benefit, enhancement \_\_\_\_\_

\_\_\_\_\_  
**Signature**