



This LASIK/PRK Questionnaire is the beginning step to determining if you may be a good candidate. Please read and answer every question. The questionnaire allows us to learn necessary information about YOUR eye health history and medical history. Patients who are set up for a LASIK/PRK Screening and/or a LASIK/PRK Evaluation are NOT guaranteed to receive surgical treatment at Griffin Eye Center. The surgeon reserves the right to not go forward with any procedure.

First/Last Name: _____ DOB: _____

Today's Date: _____ Best Contact #: _____

Email address: _____

1. Are you age 21 or older? YES _____ NO _____
2. Have you had a complete eye exam within the last 1.5 years? YES _____ NO _____
3. Do you currently wear glasses or contact lenses regularly? YES _____ NO _____
4. Are you pregnant or nursing or considering pregnancy at this time? YES _____ NO _____
5. Does your glasses / contact lens prescription change often? YES _____ NO _____
6. Do you wear Bifocals or Reading glasses? YES _____ NO _____
7. Have you ever had any type of eye surgery? YES _____ NO _____
8. Do you have double vision or wear prism in your glasses? YES _____ NO _____
9. Do you have dry eyes? YES _____ NO _____
10. Have you ever been told that you have lazy eye? YES _____ NO _____
11. Have you ever been told you have Keratoconus? YES _____ NO _____
12. Do you rub your eyes? YES _____ NO _____
13. Have you ever been told that you have glaucoma? YES _____ NO _____
14. Do you have chronic migraines? YES _____ NO _____
15. Do you have auto-immune disorders? YES _____ NO _____
16. Do you have thyroid issues? YES _____ NO _____
17. Have you ever had a herpetic infection in your eyes? YES _____ NO _____
18. Do you have any other major medical issues/concerns? YES _____ NO _____
19. Do you have any other conditions that would impact your surgical experience, such as, anxiety, depression, PTSD, white coat syndrome? YES _____ NO _____

I have read and answered the questionnaire above and I do understand that any future appointments scheduled will not be a guarantee that I will qualify for a LASIK/PRK procedure at Griffin Eye Center.

Name: _____ Date: _____

Please submit the completed form: on-line submission: www.griffineyecenter.com

Email submission to: aprevatt@griffineyecenter.com or Fax: 843-400-1794

Direct call to LASIK/PRK Coordinator: 1-843-449-6414 x 121