

LASIK / PRK Patient Safety Screening Questionnaire

Instructions: Please answer the following instructions honestly, remembering that their intent is to ensure that you have a safe surgical experience and an excellent outcome.

Medications: Are you currently on or have you taken any of the following medications in the past 6 months (Y / N)?

- Imitrex® (sumatriptan) _____
- Accutane® (isotetinoin) _____
- Amiodarone _____
- Prednisone or other immunosuppressive medication _____
- Medications for Tuberculosis (isoniazid) _____

Medical History: Have you ever been diagnosed with or currently being evaluated/treated for any of the following conditions (Y / N)?

- Diabetes Mellitus (type 1 or 2) _____
- Autoimmune conditions (see reference list below) _____
- HIV / AIDS _____

Pregnancy/Breastfeeding: Are you attempting to get pregnant, currently pregnant, or been breastfeeding in the past 6 months (Y / N)? _____

Ocular History: Have you ever been diagnosed with or currently being evaluated/treated for any of the following conditions (Y / N)?

- Glaucoma _____
- Herpes eye infection _____
- Ectasia (keratoconus, pellucid marginal) _____
- Dry eye disease, blepharitis, ocular rosacea _____
- Iritis or uveitis _____

Stability:

- Have you ever been told that you are not a candidate for LASIK, PRK, or another form of refractive surgery (Y / N)? _____
- How old is your current glasses / contact lens prescription? _____
- Where did you get your last glasses / contact lens prescription? _____

Autoimmune conditions (including but not limited to): myasthenia gravis, Guillian-Barre, multiple sclerosis, autoimmune hemolytic anemia, autoimmune thrombocytopenia, pernicious anemia, temporal arteritis, Behcet's disease, sarcoidosis, Lupus, vasculitis of any form such as Wegener's granulomatosis, psoriasis, dermatitis herpetiformis, pemphigus vulgaris, vitiligo, Graves disease, Hashimoto's thyroiditis, primary biliary cirrhosis, inflammatory bowel disease (Crohn's or ulcerative colitis), autoimmune hepatitis, celiac disease

Patient Name:

Patient Signature:

Date: