



A CENTER FOR DRY EYE

Dry Eye Evaluation and Questionnaire

Name _____ Age _____ Date ____/____/____

Dry eye is much more than just "dryness," or an insufficient production of tears. It is a very complex condition determined by the combination of multiple underlying issues affecting the tear film composition and ocular surface. Without taking the time and attention to determine the real cause, doctors and patients resort to a trial and error approach.

Today, we will do a comprehensive examination of everything that might affect the quality and quantity of your tears. We will work to determine what is truly causing your symptoms, and create a plan **together** to change the environment and stabilize your symptoms. The exam will be focused and you will be told a lot of information. The key is not to panic, trust that everything will be written down, and trust the plan. Dry eye success requires dedication to the treatment course. Though there is no cure for dry eye, if you commit to the treatment plan, you will experience success!

Please thoughtfully answer the questions below. Your history is CRITICAL and provides us with a much better understanding of your condition, it's possible cause, and how to help.

- How long have you had discomfort?
- Please list all products and treatments you have tried in the past. Circle what you are still using and indicate the frequency.
- Describe how your eyes feel when the alarm clock goes off in the morning:
- Midday:
- Nighttime:
- How do you spend your day? (ie outside, reading, etc.)
- Do you smoke?
- How many hours a day do you spend looking at screens?
- Do you wear contact lenses?

<Please See Back>

PALATINE VISION CENTER

a member of
VISION SOURCE

456 W Northwest Hwy, Palatine, IL 60067

Dry Eye Evaluation Instructions

Your Dry Eye Evaluation will include taking detailed images of your eyes utilizing the Oculus Keratograph 5M. Your doctor will review the images with you and develop a treatment plan customized to your eyes.

Your appointment for your Dry Eye Evaluation is scheduled for:

_____ at _____ AM/PM

Your appointment reminder will indicate 30 minutes later, however, that is your scheduled time with the doctor. Please arrive at the time listed above.

Reminders for best test results:

- Please DO NOT use any eye drops or wear contact lenses for at least 4 hours prior to your arrival.
- Please do not wear any eye makeup prior to your appointment.
- Please do not use ointments or gels in your eyes the evening prior to your ocular surface evaluation.
- Please do not apply eye creams, facial creams, or sunscreen prior to the test.
- This appointment does not require a driver.

The Oculus 5M Keratograph is NOT covered by any medical insurance carriers. The cost of this test is \$59.00 and will be collected at the time of check out. You will receive a detailed report from your doctor to take home.

If you have medical health insurance, the Medical portion of your exam will be submitted, and your co-pay amount will be collected.

Plan to be here for a minimum of 45 minutes the day of your appointment.