

DOCTOR INFORMATION

Name _____

Clinic Name _____

Email _____

Phone _____



CLEAR VISION SURGICAL

KITCHENER-WATERLOO

P 226-499-2021 | F 226-499-3021

SURGEON PREFERENCE DR. ALANGH DR. GULAMHUSEIN DR. WILKINSON DR. BIN YAMEEN DR. MOINUL
 DR. RODRIGUEZ DR.XU FIRST AVAILABLE GUELPH SURGEONS FIRST AVAILABLE KITCHENER SURGEONS

PATIENT INFORMATION

Patient Name _____ DOB (MM/DD/YY) _____ Gender M F Other

Email _____ Phone _____ H W

Address _____

Mobility Status Walking Walker/Device Wheelchair - Can Patient Transfer? Y N

REASON FOR REFERRAL LASIK PRK CATARACT RLE ICL CXL YAG OTHER _____

OCULAR HEALTH & HISTORY

Any History of Contact Lens Use? Y N Soft Hard

Successful Wearer? Y N

Last Worn _____

If no, why? _____

Reading Correction with CL _____ + _____

MONO Y N

Prior Refractive Surgery? Y N If yes, please describe _____ HYPEROPIC MYOPIC

Ocular History _____

GENERAL HEALTH

Medications _____ Allergies _____

Pregnant or Nursing Diabetes Hypertension HIV/AIDS Hepatitis Rheumatoid Arthritis Lupus Fibromyalgia

Other Immune Compromised Conditions Other _____

REFRACTION

Dry (Current): OD _____ 20 / OS _____ 20/ ADD _____

Dry (Previous): OD _____ 20 / OS _____ 20/ ADD _____

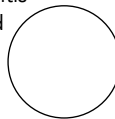
Wet: OD _____ 20 / OS _____ 20/

For Lasik or PRK Referrals - Stability: Has there been more than 0.50 D change in past year? Y N

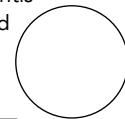
CLINICAL EXAMINATION

Slit Lamp Exam

OD
Lids / Lashes: Clear Blepharitis
Conj: White Injected
Cornea: Clear
Neo: _____ / 4 +
Dry Eye (Schirmer, TBUT): _____



OS
Lids / Lashes: Clear Blepharitis
Conj: White Injected
Cornea: Clear
Neo: _____ / 4 +
Dry Eye (Schirmer, TBUT): _____



Fundus Exam

Lens: _____
Disc: _____
Macula: _____
Periphery: _____
IOP: _____

Was this a dilated eye exam? Y N

Comments _____

Signature _____ Date _____