

# The Eye Center OF SOUTHERN INDIANA

## LASIK Consultation Questionnaire

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In order to help us answer your LASIK questions, please fill out this questionnaire and list any questions you would like to ask our doctors or patient educator.

1. How long have you needed corrective lenses? \_\_\_\_\_  
Do you currently require reading glasses or bifocals? \_\_\_\_\_  
Do you wear glasses, contacts, or both? \_\_\_\_\_  
What type? (i.e. soft, hard, daily, Toric) \_\_\_\_\_
2. What is your: Age: \_\_\_\_\_ Occupation: \_\_\_\_\_
3. Who is your family Optometrist? \_\_\_\_\_
4. Are you a member of a Vision Care Plan? \_\_\_\_\_ If "yes", which one? \_\_\_\_\_  
\_\_\_\_\_
5. How did you hear about The Eye Center? \_\_\_\_\_
6. Why do you want to have LASIK? \_\_\_\_\_
7. Would you like information regarding financing your LASIK procedure? \_\_\_\_\_
8. I have researched the LASIK procedure and understand how the process works.  
Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
9. I am ready to schedule my LASIK procedure with The Eye Center.  
Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
10. Please list any questions you would like to have answered in your consultation today (Please use the back of this form if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please Sign and Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date