



Refractive Surgery Consultation Questionnaire & Expectation Profile

Please tell us about yourself:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____ Occupation: _____ Birthdate: _____

1. How long have you worn corrective lenses? _____

2. I normally wear: Glasses Contacts

3. Why are you interested in laser vision correction? _____

4. What difficulties, irritations or problems are you currently having with wearing glasses / contacts? _____

5. What activities do you want to participate in without glasses/contacts? _____

6. Have any of your friends or family had their vision corrected? Yes No

If yes, what relationship are they to you (e.g., friend, sister, etc.)? _____

7. Did you attend one of our seminars? Yes No

8. What questions or concerns do you have about laser vision correction? _____

9. On a scale of 1-10, how interested are you in having your vision corrected? _____

(1= Not interested; 5= Interested, but need more information; 10= Ready to improve vision)

10. Because laser vision correction is not normally covered by insurance, how do you plan on paying for the procedure?

Check Credit Card I would like to apply for financing

11. When do you foresee yourself having your vision corrected? (check one):

As soon as possible 1-3 months 3-6 months 6+ months

12. How did you hear about the Eye Clinic of Austin or Dr. Henderson? (Were you referred to us, if so, by whom?)

Please mark all the following statements that apply to you:

PART A

- I am a flexible, easy-going person
- I adjust to change rather easily
- I have never been able to wear contact lenses successfully
- I would be satisfied if my natural vision was greatly improved even if I still had to wear corrective lenses some of the time.
- Having to depend on glasses and/or contacts for the clearer vision bothers me
- I am not a perfectionist
- I often wish I did not have to wear corrective lenses
- I feel my appearance is better without glasses
- New career opportunities would be open to me if I did not have to wear contacts or glasses
- Good vision without glasses or contacts is more important than having great vision with them
- I find my participation in sports and other activities is restricted by wearing corrective lenses
- I fear I would be totally disabled if I lost my contacts or broke my glasses

PART B

- I tend to be a perfectionist
- If, after the laser procedure, I still need to wear corrective lenses, I would be upset & frustrated
- It doesn't bother me to wear corrective lenses; they give me excellent vision for all activities, are comfortable, and are not a hassle to handle
- I don't accept change easily
- When things don't happen as I planned or expected, I get upset or stressed out easily
- If I did not end up with perfect vision after the procedure, I would be upset and consider the experience a failure
- I don't mind wearing glasses and would feel uncomfortable without them
- I am aware of a restriction, regarding my position in the Armed Forces or other employer, that pertains to laser vision correction (If you're unaware, please ask your employer)