OCULAR SURFACE HEALTH QUESTIONNAIRE

Potient Name or ID:	Date:
Technician:	
 Blurry vision Redness Burning Itching Tired eyes Stringy mi Foreign bio Contact let 	aring/watering eyes
Have you used any eye drops in the last 2 hours?	
Have you ever been diagnosed with Dry Eye Disease or Ocular Surface Disease?	
If YES, is your appointment today to monitor dry eye treatment?	
Are you here to be evaluated for: Cataract Surgery LASIK Other Surgery 	
 Do you use? Contact lenses Over the counter eye drops such as artificial tears Eye drops for dry eye disease (e.g., Restasis*, Xiidra*) Eye drops for glaucoma (e.g., latanoprost, Travatan*, Lumigan*) Eye drops for allergy (e.g., Pred Forte*, Pataday*) Nutritional supplements (e.g., omega-3) 	
 Have you ever been diagnosed with any o Sjogrens Syndrome Rosacea Multiple Sclerosis Rheumatoid Arthritis Thyroid Disease 	f the following: FOR OFFICE USE ONLY - OSMOLARITY MEASUREMENTS
Have you ever had punctal plugs?	Doctor's Order Initials Date
	RIGHT EYE (m0sms/L) LEFT EYE (m0sms/L)
	Osmolarity 🗌 Normal 🗌 Abnormal
	Schedule for Dry Eye Workup Yes No