



DRY EYE EVALUATION

Patient _____ 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’s 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 to 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 or “felt” your eyes?
- How many doctors have you told?
- 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)

- How many hours do you spend looking at any device throughout the day?
- Do you wear contact lenses?

PLEASE SEE BACK

Symptom	Which eye is worse?	Experienced Daily?	Experienced Weekly?	Experienced Monthly?	Severity 1-10 (10 is terrible)
Hard to open					
Blink frequently					
Blink to see better					
Tearing					
Discharge					
Gritty					
Itching					
Burning					
Redness					

MEDICAL CONDITIONS (CHECK ALL THAT APPLY)

Diabetes		Sjogrens		Chemo / Radiation
Hypertension		Bells Palsy		Rheumatoid Arthritis
Thyroid: Hyper / Hypo		Allergies / Hypersensitivity		Lupus / Fibromyalgia
Hepatitis C		Rosasea / Dermatitis		Sarcoidosis
Herpes		Sleep disorders / CPAP		Autoimmune Disease

MEDICATIONS (CHECK ALL THAT APPLY)

Diuretic		Accutane		Hormone Replacements
Antihistamine		Botox injections		Oral Contraceptives
Decongestant		Antidepressant / Antianxiety		Fish oil / Flaxseed oil

IRRITANTS (CHECK ALL THAT APPLY)

Reading		AC / Heat (Home and car)		Ceilings fans
Computer / Device use		Wind		Department stores
Contact Lenses		Smoke		Work environment

SYMPTOMS AND DURATION

OTHER NEW OR UNDIAGNOSED SYMPTOMS:

Dry Mouth	mo/yr
Unexplained fatigue	mo/yr
Joint pain	mo/yr

Your Rheumatologist?	
Your Primary Care Doctor?	
Your Primary Eye Care Doctor?	
Who referred you today?	