COASTAL VISION CENTER

A Professional Optometry Corporation

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PATIENT INFORMATION							
NAME						DATE	
DATE OF BIRTH		AGE		SEX	□ M □ F	OCCUPATION	

DRY EYE PATIENT QUESTIONNAIRE	
HAVE YOU EVER BEEN DIAGNOSED WITH DRY EYE OR OCULAR SURFACE DISEASE?	□ Yes □ No If yes, when:
HAVE YOU EVER HAD PUNCTAL OCCLUSION?	□ Yes □ No
HAVE YOU EVER HAD AN EYE INJURY?	□ Yes □ No If yes, when:

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS IN THE LAST 90 DAYS?

□ Blurry vision □ Light sensitivity □ Foreign body sensation
□ Redness □ Excessive tearing / watering eyes □ Contact lens discomfort
□ Burning □ Tired eyes / eye fatigue □ Scratchy feeling of sand or grit in the eye
□ Itching □ Stringy mucous in or around the eyes □ Irritation from swimming
□ Trouble swallowing food □Irritation from outside air

HAVE YOU HAD ANY OF THE FOLLOWING SURGERIES?

□ Cataract □ Refractive, including LASIK or PRK □ Glaucoma

DO YOU USE ANY OF THE FOLLOWING?

□ Contact lenses □ Topical drops for dry eye disease □ Topical drops for glaucoma
□ Over-the-counter drops (i.e. artificial tears)

ARE YOU TAKING ANY OF THE FOLLOWING ORAL MEDICATIONS?

□ Antihistamines or decongestants □ Hormone replacement therapy or Estrogen
□ Antidepressant or anti-anxiety □ Accutane or other acne oral treatment
□ Antihypertensives (i.e. diuretic, beta-blocker) □ Oral corticosteroids

ARE YOUR SYMPTOMS RELATED TO THE FOLLOWING ENVIRONMENTAL OR WORKPLACE CONDITIONS?

□ Windy conditions □ Areas that are air conditioned/heated □ Prolonged or continuous computer use
□ Low humidity conditions (i.e. airplane, hospital, office)

DO YOU TAKE ANY OF THE FOLLOWING IMMUNOSUPPRESSIVE MEDICATIONS?

□ Topical azithromycin (i.e. Azasite) □ Oral supplements (i.e. flaxseed oil, fish oil) □ Oral steroids
□ Topical eye drops for allergy (i.e. anti-inflammatory antihistamines, steroids) □ Oral doxycycline

HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS?

□ Systemic lupus □ Arthritis □ Heart disease □ Diabetes
□ Fibromyalgia □ Sjogren's syndrome □ Multiple sclerosis

Signature _____ Date _____