



BEHLER

EYE & LASER CENTER

LASER VISION CORRECTION QUESTIONNAIRE

PATIENT INFORMATION

Name _____ Birthdate _____ Todays Date _____

Address _____

City _____ State _____ Zip Code _____

Daytime/Work # _____ Home # _____

Female _____ Male _____ SS # _____

MEDICAL HISTORY

- ✓ Do you have any current health conditions? (Arthritis, Diabetes, High Blood Pressure, Scarring Keloid, Pregnancy, Other)?

- ✓ Do you take any medications?

- ✓ Are you allergic to any medications?

- ✓ Have you had any previous eye conditions/injury/surgery?

FOR MARKETING PURPOSES ONLY

Occupation: _____ Email: _____

Household income: Less Than \$35,000 \$35,000 - \$75,000 \$75,000+

