

LaserCare Eye Center, P.A.

Lasik Consult Intake Form

IRVING / SOUTHLAKE / PLANO

Appt. Date & Time: _____ Scheduler initials: _____

Patient Name: _____ DOB: _____ (21 to 55)

Address: _____

Best ph# to call: _____ PT Email: _____

How did you hear about us?: TV Radio Google Friend or Family Name: _____
(please circle) Other _____ Social Media

QUESTIONNAIRE:

Has patient had Cataract, Lasik, or any other eye surgeries/injuries before? _____

Does patient wear glasses, readers, or contact lenses? _____

Any major surgeries elsewhere or chronic conditions being treated? _____

Medications prescribed/ OTC? _____

Allergies to antibiotics, steroids or latex? _____

Have you ever taken Accutane? Last dose? _____

Women: Pregnant or planning soon: YES or NO

Currently Breast Feeding : YES or NO If no have you within the last 6 months: YES or NO

How were you looking to pay for Lasik: _____

What is the time frame you were interested in having Lasik surgery?

At the end of call, tell patient:

Please come wearing glasses to your free 15 minute lasik consult.

Do you need financing info? If yes, send them the email with the financing info and make sure to CC:

lasik@lasercareeye.com

***Make sure to tell them that we are NOT Dr. Boothe's office. Go into short explanation. Give specific directions OR have them go to dfweyes.com