



15320 NW Central Dr D-8, Portland, OR 97229 (503)-430-0386

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 is 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 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 eye feel when the alarm clock goes off in the morning:

- ❖ Midday:

- ❖ Nighttime:



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❖ How do you spend your day? (ie. outside, reading, working, school, etc)

❖ Do you smoke?

❖ How many hours do you spend looking at any device throughout the day?

❖ Do you wear contact lenses?

Symptom	Which eye is worse?	Experience 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					
Light sensitivity					
Pain					



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MEDICAL CONDITIONS (Check all that apply)

	Diabetes		Sjogrens		Chemo/Radiation
	Hypertension		Bell's Palsy		Rheumatoid Arthritis
	Thyroid: hyper/hypo		Allergies/Hypersensitivity		Lupus/Fibromyalgia
	Hepatitis C		Rosacea/Dermatitis		Sarcoidosis
	Herpes: simplex/zoster		Sleep disorders/CPAP		Autoimmune Disease
	Depression				

MEDICATIONS (Check all that apply)

	Diuretic		Accutane		Hormone replacements
	Antihistamine		Botox Injections		Oral contraceptives
	Decongestant		Anti-depression/ Anti-anxiety		Fish oil/flaxseed oil

IRRITANTS (Check all that apply) and LIFESTYLE QUESTIONS

	Reading		AC/Heat (home and car)		Ceiling fans
	Computer/device use		Wind		Department stores
	Contact Lenses		Smoke		Work environment

How many OUNCES of water do you drink daily?		Please rank your stress level	Hi	Med	Low
What else do you drink daily?		Please rank your anxiety level	Hi	Med	Low
How many times per month do you eat fish?		Are you depressed?	Y	No	Maybe



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How many hours do you sleep per night?		Rank your exercise/activity level	Hi Med Low
How many are uninterrupted hours of sleep?		How is your home environment?	

SYMPTOMS AND DURATION & SEVERITY (1-10)

	Dry mouth	mo/yr	
	Unexplained Fatigue	mo/yr	
	Joint Pain	mo/yr	

OTHER NEW OR UNDIAGNOSED SYMPTOMS: